FEDERATION OF MALAYA

Annual Report

of the

MEDICAL DEPARTMENT

for the year

1948

BY

R. B. MACGREGOR, C M.G., M.B., M.R.C.P., Director, Medical Services.

KUALA LUMPUR:

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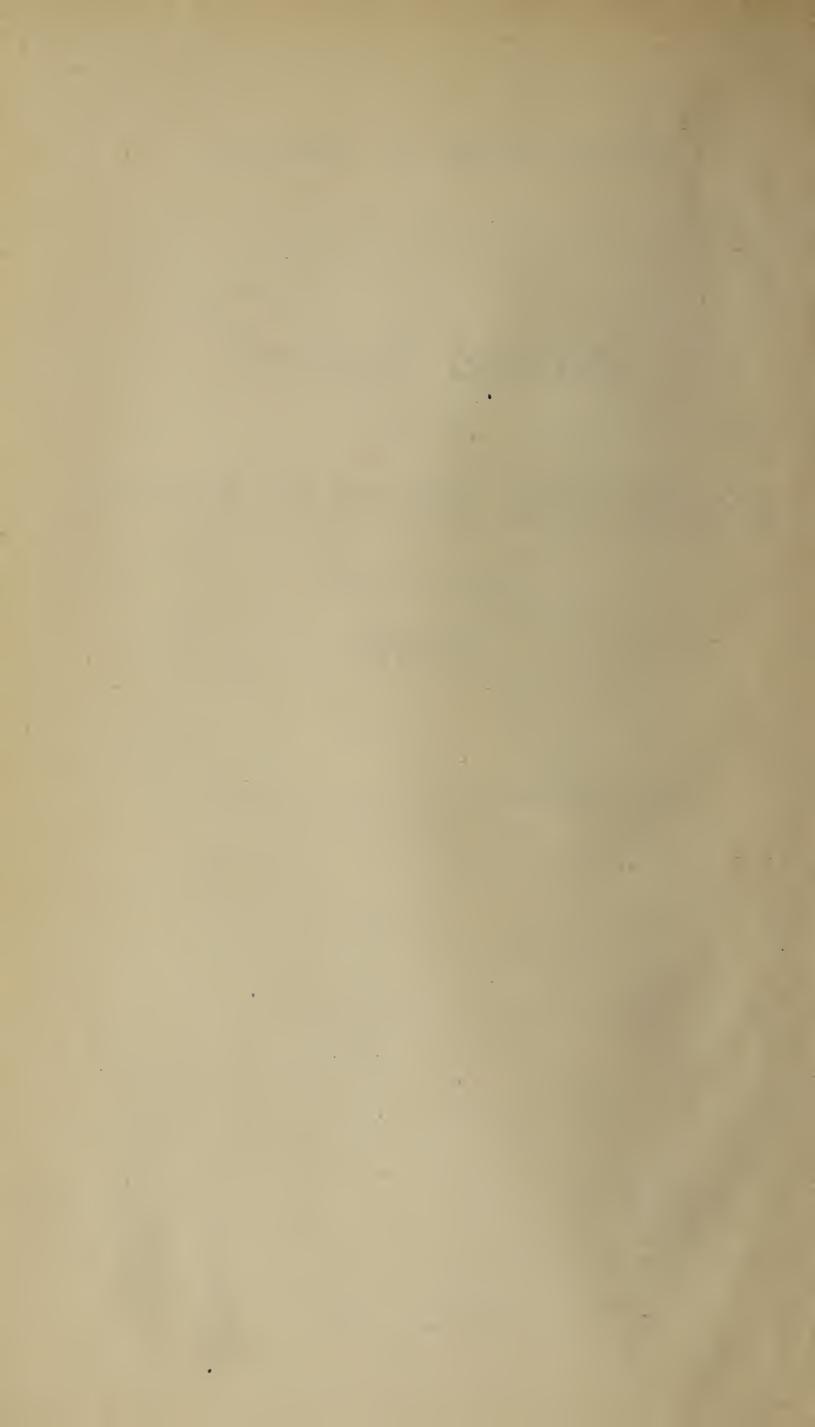
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## FOREWORD.

This report is the first to be issued under the constitution of the Federation of Malaya. Its form differs from previous reports in that the account of work which is appropriate to State institutions will be contained in the reports of the States and Settlements. This Federal report will deal with the general trends of public health, with developments which are of sufficient interest over the whole Federation, and with an account in greater detail of the work of the Federal institutions which include the Institute for Medical Research, institutions for leprosy and mental disease, a special tuberculosis hospital at Malacca and the quarantine services. It also includes the statistical table of diseases in in-patients and out-patients which is compiled from records submitted by the different States.

#### VITAL STATISTICS.

In spite of the fact that terrorists' activities have caused over 1,000 deaths, the year 1948 has been the most healthy ever recorded in Malaya, judged by vital statistics. There is a moderate reduction in the birth-rate, from 43.2 per 1,000 for all races in 1947 to 40.7 in 1948. The death-rate has fallen to 16.4 for all races, compared with 19.5 for the previous year. Infantile mortality has fallen from 102 to 89 per 1,000 for all races. Both the infantile mortality and the general death-rate are the lowest on record.

Possibly incomplete registration may account for part of the apparent improvement. Changes in the age distribution of the Chinese and Indian groups in the population have also to be taken into account, for in these groups there is now an abnormally high proportion of young adults, who are the least vulnerable section of the population.

These factors do not apply in the case of the Malay population. Any errors in recording are likely to be the same from year to year. For the Malays, the general death-rate is 19.8 per 1,000, compared with 24.6 per 1,000 in 1947, and the infantile death-rate is 111 per 1,000 live births, compared with 129 in 1947.

With the exception of Kelantan, where the figures are on the same level as in 1947, there has been an improvement in the rates for Malays, in all States and for all age groups. The natural increase of the Malay population, by the balance of births over deaths is 42,771, which is better than the natural increase for 1947 by 1,326, in spite of the fall in the birth-rate.

Many factors contribute to this improvement; the most important seems to be the continuing reduction in the incidence of malaria. The high mortality during the years of the Japanese occupation is still a factor. A proportion of the old and infirm, who would have been expected, under average conditions to die during the year under review, died during the war years; but this factor applied equally in 1947. There appears to be no doubt that the statistics for 1948 indicate a real improvement in the public health.

#### NEW DEVELOPMENTS.

Amongst the new developments which are mentioned in the report and of special interest are the dramatically successful results of the treatment of tropical typhus by Chloromycetin, reported in the section dealing with the Institute for Medical Research, and the very successful results from the use of Sulphetrone and Sulphone in the treatment of leprosy.

### FEDERATION OF MALAYA.

# REPORT OF THE MEDICAL DEPARTMENT FOR THE YEAR 1948.

#### PART I.

## (1)—CLIMATE, AREA AND POPULATION.

1. CLIMATE.—The climate of Malaya is a fairly healthy one, but it is monotonously warm with a high humidity. The average daily temperature is 80°-90°F. with a drop of 5°-20°F. at night. The average annual rainfall is approximately 100 inches.

Area.—						
Kedah				•	3,648	sq. miles
Perlis					310	, ,
Penang		• • •			110	, ,
Province	Welles	sley			290	, ,
Perak					7,980	, ,
Selangor		• • •			3,160	<b>9</b> 1
Negri Se	mbilan		• • •		2,580	, ,
Malacca					640	<b>,</b> ,
Johore					7,878	, ,
Kelantan					5,870	<b>7</b> 7
Trenggan	u				5,000	, ,
Pahang					13,820	, ,
Total Fe	deratio	n of M	lalaya		51,286	, ,

2. Population.—The estimated population of the Federation at the end of 1948 was 5,003,728. This total is 126,050 above the "First Count" figures of the Census (4,877,678).

The estimated mid-year population was 4,956,993.

By States and Settlements, the 1948 population is as follows: (with "First Count" figures of the 1947 Census)—

States/Settleme	ents.	,	Estimated population on 31-12-48.	Estimated mid-year 1948.		Census 1947.
Kedah	•••		568,005	 561,411		553,987
Perlis			72,195	 71,308		70,538
Penang			457,926	 454,043		446,422
Perak	• • •		971,753	 962,379		944,725
Selangor			730,641	 723,094		708,091
Negri Sembil	lan		275,699	 272,937		267,281
Malacca			247,260	 244,582		239,244
Johore			762,218	 753,891	• • •	737,318
Kelantan			446,894	 444,743		444,045
Trengganu			227,664	 227,058		226,426
Pahang			243,473	 241,547		237,681
Unlocated				 	• • •	1.920
The Fed	eration		5,003,728	 4,956,993		4,877,678

## (2)—ADMINISTRATION.

3. STAFF.—Shortage of medical officers, both European and Asian has been a serious handicap to the development and even maintenance of work during the past year. At the end of the year the position in the Federation was that out of a total establishment of 300 posts for medical officers 87 were unfilled and a further 37 were held by temporary officers. There appears to be no prospect of any improvement in this position in the near future.

Vacancies for Nursing Sisters were usually filled without difficulty, and recruitment for the local nursing staff is now becoming easier as the output of girls with an adequate English education from the schools is being resumed.

- 4. Legislation.—The only legislation affecting the Medical Department passed during the year was "The Registration of Dentists Ordinance".
- 5. New Federal Buildings.—Malacca Hospital was adapted for the treatment of patients suffering from tuberculosis.

#### PART II.

## PUBLIC HEALTH—(1) VITAL STATISTICS.

6. Population.—The estimated population of the Federation at the end of 1948 was 5,003,728. Details are given earlier in the report.

The diagram from the report of the Registrar-General shows the general trend for the period 1940 to 1948.

7. Births.—The live births registered in 1948 were 201,712 (104,268 males and 97,444 females), compared with the figure of 210,815 in 1947. The number of births registered in 1947 was the highest ever recorded and may represent a post-war "boom" in births. This year there is a decrease in births for Malays and Indians, and a slight increase for Chinese.

The birth rate for all races was 40.7 per 1,000 population (43.2 for 1947). By races the birth rates were:

Malays ... ... ... 37.5 per 1,000 Chinese ... ... ... 43.9 ,, Indians ... ... ... 44.8 ,,

8. Deaths.—The deaths registered in 1948 were 81,172 which is 13,973 less than those recorded for 1947 (95,145). The death rate for all races, calculated on the mid-year population, was 16.4 per 1,000, the lowest ever recorded. The corresponding rate for 1947 was 19.5.

The death rates by races were:

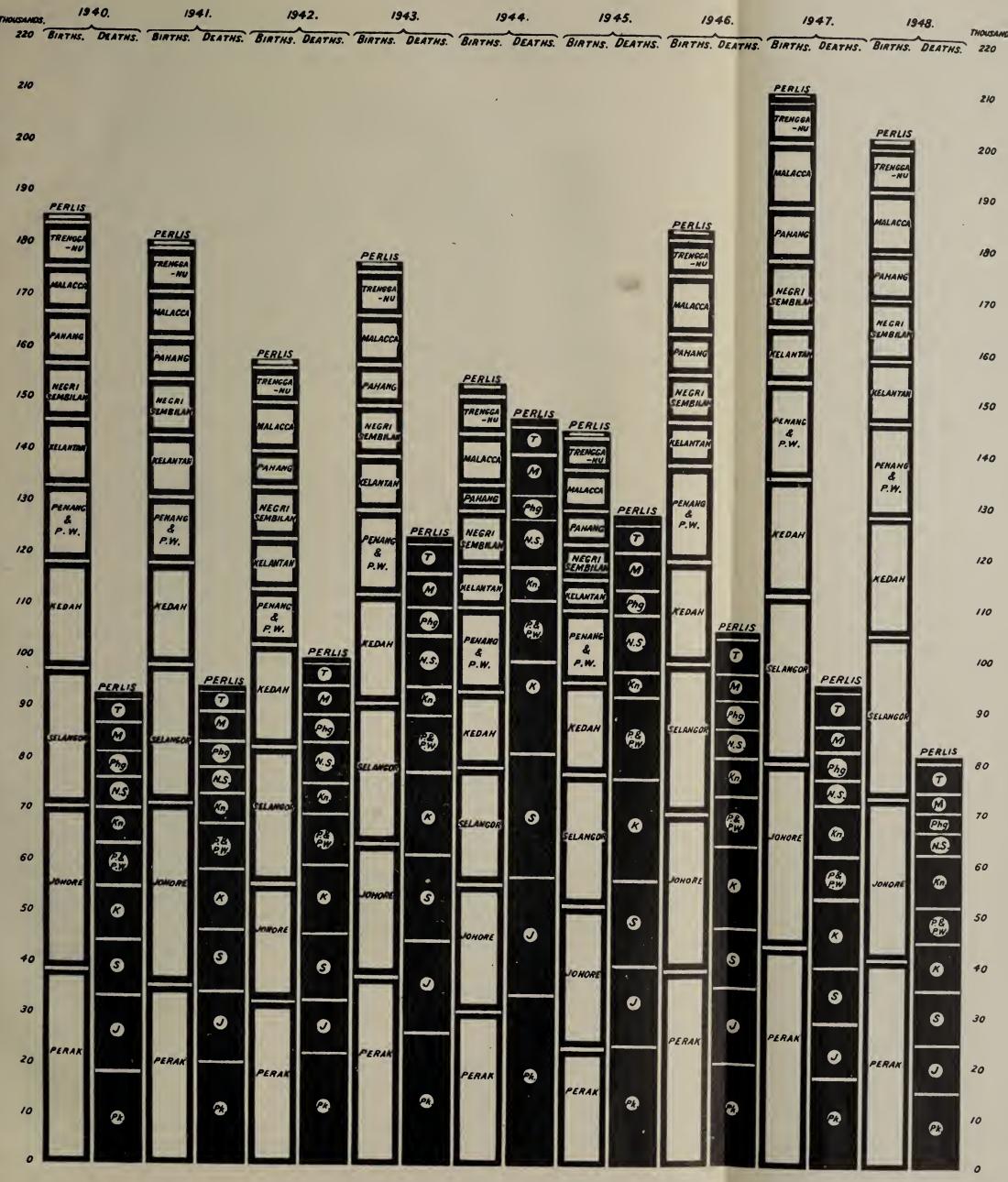
 Malays
 ...
 ...
 ...
 19.8 per 1,000

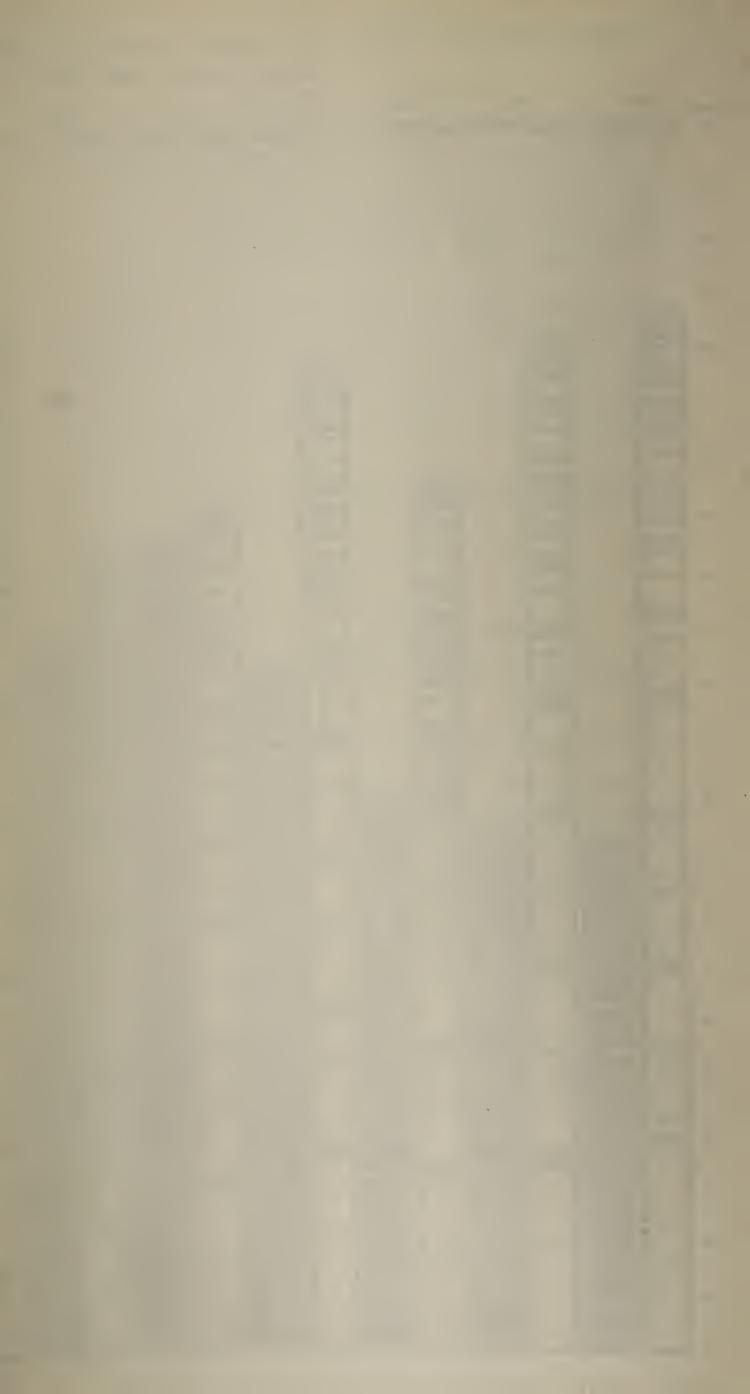
 Chinese
 ...
 ...
 ...
 12.9
 ,,

 Indians
 ...
 ...
 ...
 12.8
 ,,

9. Natural Increase of Population.—The natural increase in the population from the census in 1947 until the end of 1948 is estimated to be 154,226. The loss on migrational balance is 28,176, which includes 19,696 Chinese and 7,809 Indians, giving an increase in population of 126,050.

# DIAGRAM TO SHOW TOTAL BIRTHS AND DEATHS, IN THE STATES AND SETTLEMENTS NOW INCLUDED IN THE FEDERATION OF MALAYA: PERIOD 1940-1948.





10. Infantile Mortality.—The deaths of infants under one year numbered 18,073 out of 81,172 deaths at all ages. Live births numbered 201,712 and the infantile mortality rate is 89 per 1,000 live births. The corresponding figures for 1947 were 21,555 deaths with a mortality rate of 102.

The racial distribution of infantile mortality is as follows: (the corresponding figures for 1947 are in brackets).

Races.		Infant	Deaths.	1	Births.	Inf Mortali	antile ty Rates.
Malays		 10,126	(13,020)	91,165	(100,474)	111	(129)
Chinese		 5,694	(5,848)	84,732	(82,862)	67	(70)
Indians		 2,139	(2,596)	24,144	(26,044)	88	(99)
Europeans		 3	(5)	336	(259)	8	(9)
Eurasians		 17	(18)	336	(351)	50	(51)
Others		 94	(68)	999	(825)	94	(82)
All ]	Races	 18,073	(21,555)	201,712	(210,815)	89	(102)

11. MATERNAL MORTALITY.—The total maternal deaths were 1,176 for 201,712 births, compared with 1,476 for 210,815 births in 1947. The maternal mortality by race was:

Malays	 	 • • •	8.4	per	1,000	births
Chinese	 •••	 	3.2	,	,,	, ,
Indians	 	 •••	5.5		,,	,,

12. Principal Causes of Death.—Out of a total of 81,172 deaths only 18,766, about twenty-three per cent. have been certified by a medical man. It may, therefore, be expected that the classification is far from accurate. "Fever" of unknown origin accounts for 9,943 deaths. Malaria accounted for 1,301 deaths compared with 2,169 for 1947.

The other principal causes are given below. (1947 figures in brackets):

- (a) Pulmonary tuberculosis, 3,515 (3,818).
- (b) Pneumonia, 1,738 (2,339).
- (c) Premature birth, 1,973 (2,142).
- (d) Smallpox, 72 (933).
- (e) Violence, 2,204 (1,519).

## PUBLIC HEALTH—(2) SPECIAL DISEASES.

- 13. Malaria.—The incidence of malaria has reached even lower levels than in 1947. In Pahang, Johore, Selangor and Perak the usual seasonal rise was completely absent. The number of cases treated in Government hospitals was 19,519 with 596 deaths compared with 26,174 with 1,041 deaths in 1947. How long this happy state of affairs will continue remains to be seen, and must not be taken to mean that malaria has ceased to be a considerable public health problem in Malaya.
  - 14. Plague.—No cases of plague were reported during 1948.
- 15. Cholera.—No cases of cholera were reported during 1948.
- 16. SMALLPOX.—Five hundred and twenty-one cases with 72 deaths were reported during the year. This is the carry over from 1947 outbreak.
- 17. Tropical Typhus.—The number of cases reported in 1948 was 483 with 26 deaths.

- 18. Enteric Fever.—The number of cases reported was 918 with 184 deaths. The disease is endemic in Malaya. There was no outbreak in any particular area, but cases occurred sporadically throughout the country.
- 19. Dysentery and Diarrhoea.—These diseases are not notifiable. Hospital statistics show admissions as 6,513 with 746 deaths. There is nothing to indicate that these diseases were more prevalent than normally.
- 20. DIPHTHERIA.—Six hundred and thirty-six cases of diphtheria occurred with 181 deaths.
- 21. Cerebro-Spinal Meningitis.—Twenty-two cases were reported with seven deaths. There was no epidemic of either diphtheria or cerebro-spinal meningitis; cases occurring sporadically.
- 22. Poliomyelitis.—One hundred and forty-eight cases with twenty deaths were reported.
- 23. Pulmonary Tuberculosis.—Hospital statistics give 7,328 admissions with 2,182 deaths.

Tuberculosis has now become the disease which attracts the greatest public interest. It is doubtful whether there has been any real increase in incidence compared with pre-war years but there is a general impression, which is not entirely supported by statistics, that there has been a noticeable increase particularly in the young adult population as a result of malnutrition during the Japanese occupation.

A new development in dealing with tuberculosis has been the establishment in Malacca Hospital of a modern special hospital for the treatment of tuberculosis with 270 beds devoted for this purpose. This work is carried on under the direction of Mr. A. L. Sheild, F.R.C.S., and emphasis is placed on active treatment, principally with pneumoperitoneum. Streptomycin has been used in a small proportion of cases and facilities for surgical treatment are being developed. It is intended that this specialized hospital will serve as a model for similar institutions elsewhere in the country, when funds and staff become available.

Active investigations are now being carried out into the possibility of using B.C.G. vaccination, first on selected groups such as nurses and hospital assistants. Investigation of the tuberculin reactions of school children has been repeated recently, and it has been found that, the number of positives among school children between the ages of five and twelve living in urban conditions is over 40 per cent.

24. Yaws.—One hundred and four thousand, seven hundred and two cases were treated during the year as compared with 74,133 in 1947. It is hoped to reduce the disease to the level of previous years.

## PUBLIC HEALTH—(3) NUTRITION.

25. The State of Nutrition in the Country.—The following is a report by the Senior Nutrition Officer on the feeding of children in 1948.

Position in 1946 and 1947—

On the liberation of Malaya in September, 1945, a considerable degree of malnutrition was widespread amongst the population and was most noticeable amongst children of all races. In certain areas, principally in the

larger towns, supplementary foodstuffs were distributed to the vulnerable groups during the remainder of that year, and in the early months of 1946 by the military administration, Red Cross and other voluntary organisations.

- (2) With the resumption of civil administration in April, 1946, steps were taken to continue the provision of relief foodstuffs, more particularly to school children. Funds were provided by the Malayan Union Government to enable State Authorities to purchase foodstuffs for distribution to school children. Soon after the appointment of a Senior Nutrition Officer and on his advice, it was decided to purchase milk and during the latter part of 1946 and in 1947, considerable quantities of dried milk were purchased by the Medical Department and distributed to schools with the co-operation of the State Education Authorities.
- (3) During the latter part of 1947, plans were prepared for extending the scope of the scheme, but a number of difficulties were encountered, both in obtaining adequate supplies of suitable foodstuffs—particularly milk—which was in short supply throughout the world; and in the distribution of supplies throughout the country. But, in spite of these early difficulties, the scheme developed during 1947 and has been extended during 1948.

Extension of the scheme during 1948—

- (4) While it was first intended to provide as many school children as possible in the country with a half-pint of milk daily, it was soon found that attention would also have to be paid to other groups of children, e.g., pre-school age children and children who do not attend school. It was evident that the value of expert care and advice provided for infants at Infant Welfare Centres would be greatly enhanced, if it were possible to continue this care of the growing child during the years before it was sufficiently old to attend school and was able to benefit from the milk supplied in schools. Many of the recent developments in the administration of the scheme have been designed to further these aims.
- (5) During 1947 and in the first half of 1948 it had been the practice for the required supplies of milk to be purchased centrally by the Medical Department and to be distributed to the Education Authorities in each State or Settlement, who were responsible for its distribution to the individual In order, however, to integrate the supplementary feeding of school children with the existing care of infants at Infant Welfare Centres by extending supplementary feeding to pre-school age children who do not attend school, arrangements were made in the middle of 1948, with the full co-operation and assistance of the Education Department and with the approval of the State Governments concerned to transfer the local administration of the scheme to the State Medical Authorities. This transfer was commenced in October, 1948, and was completed in all but four States by the end of the year. It is expected that the State Medical Authorities with the approval of the State Governments in the remaining four States—Selangor, Pahang, Kelantan and Trengganu—will take over responsibility for local administration from the Education Department early in 1949.

(6) Furthermore, with the proposed extension of the scheme, it was appreciated that, in order to secure co-ordination in development, adequate supervision was essential and in May, 1948, the post of Supervisor of School Feeding was created. Soon after her appointment to this post, Miss G. Calderwood was invited to visit all States and Settlements in the Federation and had visited each, at least once, before the end of the year. Her energy and the discussions held by her on the spot with the State and Settlement authorities have been of the greatest assistance in developing the extensions to the Scheme which are described below.

Use of milk for supplementary feeding of children-

- (7) Experience in other countries has shown that the successful development of a country-wide scheme for the provision of free milk and/or free meals in schools is fraught with many difficulties. Particular difficulties are encountered in Malaya. Milk is not produced in any quantity in Malaya, and reliance must be placed on imported supplies of dried full cream milk or dried skim milk. The latter contains all the valuable nutrients of full cream milk, with the exception of fat and the fat-soluble vitamins. In the case of children over the age of 18 months, fat and the fat-soluble vitamins can be supplied from other sources and for these children, skim milk provides a valuable and reasonably economical source of protein and calcium, nutrients of which their normal diets are deficient.
- (8) In normal times, adequate supplies of skim milk are readily available, but post-war demands for relief in Europe and elsewhere have made it difficult to secure adequate quantities, particularly from sterling areas. Even when skim milk is available, it is not, by itself, very palatable or popular with children unless sweetened and flavoured; this is especially so with children who are not accustomed in their homes to milk as a food. To overcome this distaste, attempts have been made to develop the use of a sweetened milk with cocoa on the lines of National Milk Cocoa as used in England. This mixture has proved very popular and has been taken with avidity by all children to whom it has been supplied. Unfortunately, world stocks of cocoa are inadequate to meet demand and it has only been possible to obtain a fraction of the required quantities.

Semi-sweet food yeast biscuits-

(9) Investigations have shown that there is clinical evidence of a considerable degree of fiboflavin deficiency amongst some groups of children. Riboflavin is a member of the B-group of vitamins and food-yeast is known to be a good source of this vitamin. Considerable supplies of food-yeast imported from the West Indies were available in Malaya but some difficulty was experienced in popularising its use. During 1948, it was decided to distribute food-yeast to school children in the form of semi-sweet biscuits containing ten per cent. of food-yeast. A contract for the production of these biscuits was awarded to a local firm and the experiment has proved very successful. While,

unfortunately, owing to shortage of staff it has not been able to secure any data on the clinical effect of the use of these biscuits, they have proved popular with the children and are comparatively easy to distribute, particularly to the remote and scattered schools in some parts of the country.

## Full cream milk and baby food—

(10) In addition to the purchase and distribution of considerable amounts of skim milk powder, supplies of dried full cream milk and limited amounts of Baby Food have also been purchased. The former has been issued principally in the States of Kelantan and Trengganu, where the economic status of sections of the population is lower than in many of the districts on the west of the peninsula. The latter has been distributed to Infant Welfare Centres for use in special cases. Reports indicate that it has proved most popular and beneficial.

## School kitchen and mid-morning meals—

- (11) The dependance on external sources of supply of the supplementary foodstuffs which are being used in these schemes, e.g., milk and cocoa, and the difficulties experienced in obtaining adequate quantities, directed attention to the possibility and desirability of utilising suitable locally obtainable foodstuffs for the free supplementary feeding of school children. In England and other countries, many school children are provided with a free mid-day meal or in some cases, a mid-morning snack. Attempts are being made to introduce a similar system in Malaya.
- (12) The Nutrition Committee of the Food and Agriculture Organisation which met at Baguio in February, 1948, recommended (Chapter III, page 14 of the Nutrition Committee Report) that a suitable type of free meal for school children should be based on the following formula:

		ozs.		grammes.
1.	Cereals (cereals available, such as			
	lightly milled rice, high extraction wheat, millets and other		•	
	cereals)	$2\frac{1}{2}$		70
2.	A pulse	$\frac{1}{2}$		14
3.	Small fish of which the whole body			
	is eaten (e.g., ikan bilis, etc.). (Such fish provide calcium)	$\frac{1}{4}$	• • •	7
4.	Vegetable (green leafy vegetable			
	preferred)	1	• • •	28
5.	Oil (preferably an oil containing			-
	carotene)	4	• • •	7
6.	Salt	$\frac{1}{6}$		5

Such a meal will provide about 400 calories and will contain all the essential nutrients.

- (13) The preparation of such a mid-morning snack or meal involves the provision of some form of kitchen; the engagement of cooks; and the services of a supervisor or contractor to purchase the food and to supervise distribution. It was found that these requirements would be economically feasible only where a number of schools were conveniently grouped, so that the meals could be supplied from a central kitchen or centre. Since no previous schemes of this nature had been developed in the Federation, it was decided to establish at first, a few experimental feeding centres, which if successful would serve as models for others which it was hoped would be established in all parts of the country. In June, the first such centre was established at Sementa School, near Klang, to provide a hot cooked mid-morning "snack" to 210 school children attending two schools at Sementa and Kapar. The success attending the establishment of this centre has been entirely due to the great personal interest shown by Mr. M. C. ff. Sheppard, District Officer, Klang, who has been directly responsible for its administration. Early in November, this centre was extended to include a further 506 children attending other schools in the District and, by the end of the year, 912 children in six schools were receiving a free meal of the type indicated in para. (12) above on every school day.
- (14) A similar centre was established in September in the Tampin area under the direct, personal supervision of Dr. Bearblock, State Medical and Health Officer, Negri Sembilan, whose great interest in its development has led to the striking results obtained. Designed at the beginning to supply 602 children in six schools in the Tampin-Gemencheh area with hot cooked meals, the central kitchens was, by the end of the year, supplying 1,751 children in twelve schools with hot meals. Several of the schools are situated nearly twenty miles from the central kitchen and the successful surmounting of the difficulties of distributing the food in a hot and hygienic condition over considerable distances will provide much valuable experience when establishing similar kitchens elsewhere.
- (15) In the short time during which these meals have been provided, the children are reported already to show an improvement in condition. Reports have been received of greater alertness in school and an increase in average attendances. Plans were being considered, at the end of the year, for the establishment of a number of similar feeding centres in other districts in the Federation. However successful these feeding centres may prove to be, it is probable that it will be possible to establish them only in areas where a number of schools can be supplied from one central kitchen. In areas where schools are scattered or are situated in remote districts, difficult of access, it is probable that reliance for the supplementary feeding of the children will have to be placed on milk, cocoa and biscuits.

#### Pre-school age children—

(16) It has been possible, during the latter part of the year for a few selected groups of pre-school age children to receive some form of supplementary food in certain areas and it is hoped to extend this during 1949. At the end of the year, the following groups were being assisted in this way.

## Negri Sembilan-

Groups of pre-school children in two selected areas are receiving milk-cocoa under the supervision of Health Sisters.

#### Perlis-

Full-cream milk has been supplied to the Medical Officer at the General Hospital, Kangar, for issue to undernourished children attending the Child Welfare Clinic.

#### Malacca—

Full cream milk and food yeast biscuits have been supplied to the Lady Medical Officer, and two small feeding centres for pre-school age children who require extra nourishment are shortly to be organised at the Infant Welfare Centres in the Alor Gajah District.

## Province Wellesley-

The Health Officer, Province Wellesley, is arranging for the establishment of feeding centres in two villages in the Province where pre-school age children will receive milk daily. If the centres prove successful, it is expected that similar centres will be established elsewhere.

## Institutions, Homes and Orphanages—

- (17) During the year, supplies of food-yeast have been provided to the Department of Social Welfare for use in Institutions, Homes and Orphanages, which have been established by that Department. The food-yeast is used in soups, stews and similar dishes and it is understood that its use in this manner has been both beneficial and popular. Towards the end of the year, limited supplies of dried milk have been issued to Convent Schools in Kuala Lumpur, and Ipoh, where its use was considered to be of benefit to the children.
- 26. Health on Estates.—Progress continues to be made in health measures for estate labourers. The general health of labourers has improved, the main feature particularly being the low incidence of malaria. The estate hospital position is not satisfactory. There is a tendency to close such hospitals. The effect of this is to throw an additional strain on the already much overworked and understaffed Government hospitals. The rationalisation of the hospitals position both Government and estate is overdue and will have to be considered as part of a larger plan for the improvement of rural health generally.

The following table is a summary of the provision for the treatment of sick labourers and their dependants on estates:

				No. of	f	NT C		All Dise	eases.		Mal	aria.
States/Se	ttler	ments.		estate ospital	Э	No. of beds.	-	Admissions.	Deaths.		Admissions.	Deaths.
Kedah		•••		13		1,121		14,799	206		2,568	9
Perlis		•••				_				• • • •	_	
Penang an	ıd	Provi	nce									
Wellesley	• • •		٠	4		214	• • •	1,892	27	•••	9	1
Perak				34	•••	1,179	•	13,378	295		769	10
Selangor	• • •	•••	• • •	34	• • •	1,528		20,538	464		1,552	9
Negri Sembil	an	•••		23		1,145		10,584	287		564	8
Malacca			• • •	21		460		5,339	41	•••	431	6
Johore				24		821		4,835	231		234	3
Kelantan		•••	•••	5		65	• • •	1,664	94	• • •	282	11
Trengganu	• • •	•••	•••		• • •	_		. —		•••	******	_
Pahang				4		104	•••	829	18	•••	132	3
		Total	•••	162	•••	6,637	•••	73,858	1,663	•••	6,541	60

The following table is a summary of the statistics relating to mortality amongst labourers on estates:

. =		All I	Diseases.	Ma	ılaria.	
	Population.	Deaths.	Death rate per mille.	Deaths.	Death rate per mille.	
Labourers and Dependants— All nationalities	. 420,064	2,788	6.6	108	0.3	
Labourers only— All nationalities	. 285,609	983	3.4	44	0.2	
Labourers and Dependants— Indians	. 235,578	2,105	8.9	54	0.2	
Labourers only— Indians	. 152,595	749	4.9	31	0.2	

The death-rate in all groups is lower than in 1947 and the death from malaria is about half for that in 1947.

- 27. Health on Mines.—Mines have no hospitals and labourers are sent to Government hospitals. The provision of adequate hospital accommodation for labourers on mines will also have to be considered in connection with a rational plan for a rural hospital service.
- 28. Railway Sanitation.—The health and medical work on the Malayan Railway is under the charge of a Medical Officer seconded from the Government Medical Service. His staff consists of 13 Hospital Assistants, 3 Health Inspectors, 18 Anti-Malaria Inspectors with a labour force of 120. The main activities of this officer and his staff are medical treatment of Railway staff and their dependants, general public health measures in Railway areas, and anti-malarial work on Railway property. The anti-malarial measures taken are oiling, D.D.T. barrier spraying and prophylaxis.

Nine Railway Dispensaries functioned during the year with three Dispensaries at major construction centres. Sixty-six thousand, nine hundred and seventy-six attendances of Railway staff and their dependants were recorded at all Dispensaries. First aid instruction based on the St. John Ambulance handbook were given during the year to 302 new staff. First aid boxes and stretchers are available on all passenger trains, workshops and at all stations.

29. Port Health Work.—Quarantine for the Federation of Malaya is now carried out at Penang. During the year, sixty-four ships from India, one hundred and five from China, six pilgrim ships from Jeddah and four hundred and thirty-five from other infected ports arrived, carrying a total of 71,858 saloon and deck passengers.

Outgoing Pilgrim Ships.—Six pilgrim ships carrying a total of 4,262 pilgrims left the port during the year.

The pilgrims ranged from infants in arms to very aged adults. None of them was rejected on the grounds of being afflicted with any contagious or infectious disease.

Incoming Pilgrim Ships.—Six pilgrim ships carrying a total of 4,271 pilgrims arrived during the year. A total of 31 deaths occurred on these ships, the majority of deaths being due to senile debility.

One case of chicken-pox was detected during the routine inspection on board. The case was sent to the Infectious Diseases Hospital, Perak Road, Penang.

Difficulty with passengers carrying invalid or in some cases forged vaccination certificates continues to arise. Thirteen thousand, eight hundred and fifty-five passengers were detained for quarantine examination.

Number of visits of inspection to ships.				Total Passengers.			Total Examined.			Passengers.			
inspection to si	nps.			Cabin.	Deck.	_ /	Crew.	Pas- sengers		U.	Q.	R.	
Port Swettenham	•••	105	•••	452	3,128	•••	6,923	3,556		_	_	3,466	
Penang	•••	610	•••	9,260	62,598	•••	39,815	71,858	•••	18	13,855	33,934	
Total	•••	715		9,712	65,726	1	46,738	75,414	•••	18	13,855	37,400	
		Q =	= R	emoved		ara	to repontine St				<u> </u>		

Aircraft.—During the year 304 planes were inspected at the Bayan Lepas Aerodrome.

A total of 1,478 crew and 2,397 passengers were examined but no case of infectious disease was detected among them.

#### MALARIA ADVISORY BOARD.

30. The constitution of the Board is as follows:

Six permanent members (Medical).

The Director, Medical Services (Chairman).

The Director, Institute for Medical Research (Vice-Chairman).

The Senior Malaria Research Officer.

The Entomologist, Institute for Medical Research.

The Senior Medical Officer, Military Forces.

The Principal Medical Officer, Royal Air Force. Five permanent members representing Government Departments.

Representing:
Railways,
Public Works,
Drainage and Irrigation,

Education, Agriculture.

Members nominated by His Excellency the Governor:

Five Medical Officers in the Public Service appointed by name.

These include the Medical Officer of Health, Penang Municipality, the Deputy Director, Medical Services, and three State Heads of the Medical Department with experience of antimalarial work.

Five Medical Practitioners not in the Public Service.

These are all Estate Medical Practitioners with a n t i - malarial experience.

Two representatives of planting interests nominated after consultation with the United Planting Association of Malaya.

One Asian and one European planters' representative.

One member nominated to represent Labour interests.

Four other nominated members. One is an Administrative Officer and three are medical men.

The Secretary of the Board who may or may not be a member is either the Entomologist or the Malaria Research Officer, Institute for Medical Research.

Nominated members are appointed to serve for two years and to be eligible for re-nomination. One-half of the nominated members to retire each year.

Permanent invitations to attend as guests were extended to the Royal Navy, the Director of Medical Services, Singapore, and the Municipal Health Officer, Singapore, and representatives from these services have attended most of the meetings of the Board in 1948.

Three meetings were held in 1948.

(2) Review of Local Malaria.—The incidence of malaria during the year was even lower than in 1947 and appears to be the lowest recorded for nearly sixty years. This situation was the subject of special discussion by the Board. Various opinions were expressed and it was shown that malaria in this country seems to have cyclical fluctuations in intensity with peaks at intervals of 8-10 years. The present low incidence appears to be the trough following on the very high peak of incidence that occurred during the Japanese occupation. Whilst it was agreed that these long-term fluctuations in malaria must be chiefly due to variations in the state of immunity of the population, and the intensity of vector breeding, opinions differed as to which of these two was the more important factor in the present situation.

Opinion was unanimous that the present situation will not last indefinitely, and that an increase in malaria must be expected and planned for.

(3) Anti-malarial Oil.—The earlier attempts to find a sample of pre-war anti-malarial oil which could be used as a standard with which to compare present blends, were not successful. As recorded in the Annual Report for 1947, the samples obtained were found to have lost much of their killing power. Eventually a sample was obtained from Penang which gave results similar to the best reported before the war (see table below), and this is now used as a standard with which to compare other oils.

## COMPARISON BETWEEN POST-WAR AND PRE-WAR BLENDS OF ANTI-MALARIAL OIL.

100 mature larvæ of A. vagus per oil per test; 10 minutes exposure to a 7 u film.

			Per	centag	e kill after 2	4 hrs.	
Experiment.			Post-war blend		Pre-w		
			Malarial D.F.	1	Penang.		Klang.
	1	• • •	68	• • •	96		
	2	• • •	60		95	• • •	90
	3	• • •	71	• • •	87	• • •	81
Average		• • •	66	• • •	92		85
Spreading	pressure	Dynes					
per cm.		•••	18-21	• • •	21-25		21-25

The attempts to improve the present blends were continued by the oil Company. Blends containing gum damar to improve spreading pressure, and small amounts of DDT (0.05-0.2 per cent.) to improve killing power were submitted for test. The amount of DDT was calculated to give the usual dose of about four ounces per acre, with oiling at 10-15 chains per gallon (33-22 gallons per acre). It was found however on applying the usual test for toxicity that the DDT made no difference; the same blend without DDT gave the same kill. Investigation showed that what mattered was not so much the calculated dose of DDT per acre, but its concentration in the oil. The solutions were so dilute that calculation showed that even if both the main breathing tubes of a larva were filled with the oil solution, the amount of DDT carried in would be less than the probable minimum lethal dose. Any larva getting the breathing tubes full of oil will die anyway from the effects of the oil, so in order to improve the killing power of an oil by adding DDT, enough must be added to kill those larvæ which take in only a very small amount of oil, insufficient by itself to kill. Tests showed that this minimum concentration of DDT is about 1 per cent.

The addition of  $\frac{1}{2}$  per cent. of gum damar improved the spreading pressure of the oil, and towards the end of the year the Company introduced a new blend consisting of a light diesel oil with  $\frac{1}{2}$  per cent. of gum damar. The table below shows the results of comparing this blend with the former blend and the pre-war oil from Penang.

#### COMPARISON OF ANTI-MALARIAL OILS.

100 mature larvæ of A. vagus per oil per test; 10 minutes exposure to a 7 u film.

		Percentage kill after 24 hours.				
Number of larvae.		New blend "Malarial" G.D. 99½% light diesel oil, ½% gum damar.		Old blend "Malarial" D.F. 70% diesel oil 30% gas oil.		Pre-war Penang.
100		63		60		80
100		68		45	• • •	83
Average		65		52	• • •	81
Spreading pressu	re	21-25		18-21	• • •	21-25

The new blend with gum damar seems somewhat better than the other though still much inferior to a good pre-war blend (the Penang sample). Pre-war blends contained special distillates made for the purpose which had high toxicity. Present blends are composed of straight commercial grades of oil. It has not yet been possible to prepare the special distillates, or where it has been tried—these have not had the requisite properties.

(4) Paludrine.—Two field experiments in the use of paludrine were reported to the Board during the course of the year. Dr. T. Wilson reported the results of giving paludrine in a Malay school in Province Wellesley where there was a high absentee rate due to fever. The drug was given to the children by the school teacher, with as little interference and supervision by the Medical staff as possible. The dosage was 50 mg. twice a week for children under nine years old, and an extra 50 mg. per week for those over nine. The parasite rate in the whole school in September, 1947, was 45 per cent. (78/173). Administration of paludrine to those with parasites in the blood was commenced in October, 1947 (the remainder of the children forming a control group); by January, 1948, the parasite rate among the former had dropped from 76 per cent. to 5 per cent., and the spleen rate from 39 per cent. to 15 per cent., whilst there was little change in the control group.

It was concluded from these preliminary results that suppressive paludrine administered by a Malay school teacher who is told what to do, and takes an interest in doing it, can produce a very marked reduction in the spleen and parasite rates of the children under his care.

The second report was on the effects of distributing paludrine This island, which lies off the east coast, on Tioman Island. has a history of hyperendemic malaria. Dr. McGarity, Health Officer, East Pahang, as a result of a visit early in 1947 which showed that malaria was still about as intense as ever, decided paludrine distribute the island. Distribution on commenced on 11th August, 1947, at a dosage of three tablets once weekly for adults and one tablet weekly for children. In April, 1948, Dr. Strahan, Acting Senior Malaria Research Officer, Institute for Medical Research, visited the island and made a survey. This showed that it was only in the school where the administration of the drug had been supervised, that there was an undoubted improvement; the parasite rate was nil, and the spleen rate had been reduced from 95 per cent. to 43 per cent. Amongst the population as a whole there was little change, and it appears that they had taken the drug very irregularly.

(5) DDT for house spraying.—Much work is in progress to test the value of DDT for malaria control in this country, but there is little to report at present. Dr. Wallace of Kedah, who has been a pioneer in experimental malaria control in this country for so many years, has tried DDT and other insecticides as residual sprays in labourers' lines to control malaria. He has obtained much important and interesting preliminary information and has found that A. maculatus will enter and bite in DDT sprayed rooms, but is not found resting in such rooms in the early morning as it is in unsprayed rooms. There was not enough malaria this year to judge the effect of the DDT on the transmission of malaria.

The Entomological and Malaria Divisions of the Institute for Medical Research have commenced a considerable programme of field experiments to test the value of DDT and Gammexane house spraying in rural areas; parallel tests will be made with paludrine. Money to provide additional staff and equipment is being obtained from the Research allocation of the Colonial Development and Welfare Fund.

DDT as a larvicide.—Experiments by the Entomologist, Institute for Medical Research (Mr. J. A. Reid), on the use of DDT in oil as a larvicide, were continued until the middle of the year, but had to be dropped when the programme for investigating DDT as a residual spray against adult mosquitoes was started. The work is far from complete, but results to date indicate that DDT dissolved in an oil with a good spreading pressure, and applied as a 5 per cent. solution at the rate of half a gallon per acre, or half a cc per sq. yd. on still water, is quite an effective larvicide, and is very economical. But at the same dosage on flowing water against A. maculatus, with the methods of application available at present, it does not give satisfactory control.

a scheme designed to stimulate the use of DDT residual spraying for experiments in malaria control. DDT has been made available at 50 cents a pound, which is about one-quarter of the prevailing market price, to approved persons, wishing to undertake experiments. The scheme is administered by the Scientific Subcommittee of the Board which has prepared a memorandum suggesting how experiments might be designed and carried out. The committee approved the issue of DDT and will receive reports of results. It is not to be expected that the scheme will bear much fruit so long as the emergency lasts.

(6) Filariasis.—Dr. T. Wilson gave an outline of his investigations on filariasis in Province Wellesley. In one kampong a survey showed a total infection rate of 34 per cent. (48/141);

6.4 per cent. showed elephantiasis, and 28 per cent. had microfilariae in the blood. As in all endemic areas of filariasis in Malaya the species of worm is Wuchereria malayi, not W. bancrofti which causes filariasis and elephantiasis in the Pacific. W. malayi is principally conveyed by mosquitoes of the genus Mansonia; W. bancrofti principally by species of Culex and Aedes. In the best known areas of filariasis in this country the vector is Mansonia longipalpis, which breeds in large areas of swampy jungle where control is extremely difficult or impracti-But in this more limited area in Province Wellesley, dissection showed that M. indiana, breeding amongst water hyacinth in Nipah palm swamps near the coast, was the principal The breeding grounds were limited and it seemed that should be possible. The Drainage and Irrigation Department agreed to co-operate, and removal of the water hyacinth by hand or by spraying with the new weed killers was undertaken. Trapping and dissection are being continued to see what effect these measures have had on the vector mosquitoes. The mosquitoes are trapped by the Health Staff, Province Wellesley, and sent to the Institute for Medical Research for identification and dissection.

(7) Present methods of malaria control on estates.— Dr. R. S. Hardie communicated to the Board, the results of a questionnaire on this subject conducted by the Estate Medical Practitioners' Association. The results, which are given below, reveal large changes from pre-war practice; chemo-suppression is now widely used and anti-larval measures are much less extensive.

Replies to the questionnaire were received from 24 estate practitioners, three from Johore, four from Negri Sembilan, eight from Selangor, one from Pahang, three from Perak, one from Province Wellesley and four from Kedah. Of these, two were very incomplete and did not afford material for analysis for more than one or two of the questions asked.

1. What are the chief vectors in your area?

Maculatus ... ... All States.

Barbirostris and Umbrosus Johore, Negri Sembilan and Selangor.

Umbrosus ... Perak.

Sundaicus ... ... Perak and Selangor (coastal).

2. (a) Have you re-instituted larval control?

Yes, 15; No, 9. In most cases, the extent of larval control has been considerably reduced from prewar standards. Natural shade is much more used. Financial restrictions have been important.

(b) Do you think larval control still has a place in estate practice?

Yes, 15; No, 4; Uncertain, 5.

- 3. (a) Have you made extensive use of chemo-suppression? Yes, 17. A little, 3; No, 3.
  - (b) Have you used it alone, or with other methods?

Alone or with DDT, 5; with (limited) anti-larval measures, 13. Owing to faulty framing of the question, it is not clear whether replies mean that the two methods are used together simultaneously on estates, or whether they are used separately by the same practitioner on different estates in his practice.

- (c) Indications for employment of chemo-suppression.
  - (i) Where anti-larval methods give poor results, are impracticable, or are too expensive (13).
  - (ii) For small temporary populations (16).
  - (iii) During periods of agricultural activity (2).
  - (iv) Where there are numerous new recruits with high spleen incidence (4).
  - (v) In proximity to danger areas on non-estate land (4).
  - (vi) Where there has been delay in institution of larval control (4).
  - (vii) Where economy is paramount (3).
- 4. (a) What method of chemo-suppression do you employ?

100 mgm. paludrine twice a week seven.

200 mgm. paludrine once a week five.

100 mgm. paludrine once a week two.

Mepacrine (amount, etc., not stated) seven.

Mepacrine (three tablets) and paludrine (two tablets) on alternate weeks one.

(b) Do you use it throughout the year, or only at danger periods?

At danger periods only, nine. Of these, two do not use anti-larval methods (except natural shade control).

- 5. Do you find serious disadvantages in chemo-suppression?

  Of the 20 practitioners who use it, 16 find no serious disadvantages. The difficulty in achieving 100 per cent. distribution is stressed, especially among non-Indian labour. The dangers of the "break-through" with paludrine, and of the psychosis with atebrin, are mentioned.
- 6. Do you consider DDT spraying, or other anti-adult measures important?
  - Yes, 8; No, 11; Uncertain, 4. The majority opinion is that it is useful in abating a nuisance, but not of definite importance in reducing malaria. Its use has rarely been sufficiently systematic for an accurate estimate to be formed.

7. (a) Have your methods been dictated largely by financial considerations?

Yes, 15; (mostly reduction of anti-larval methods rather than abandonment). No, 7 [c.f. 2 (a).]

(b) Have modifications or new methods resulted in a loss of efficiency?

No affirmative replies.

- (c) Do the new methods constitute a real advance? Yes, 12; "Very useful", 9; Uncertain, 2.
- 8. (a) Have you the impression that the incidence of malaria has recently been abnormally low?

  Yes, 19; No, 3; (Johore, Perak, Pahang).
  - (b) Have the newer methods been fully tested? Yes, 11; No, 1; Not fully, 5.
  - (c) What factors do you consider responsible for low incidence?
    - (i) Reversionary overgrowth of water channels (discouraging A maculatus)—12.
    - (ii) Torrential rains more frequent (washing out)—3.
    - (iii) Increased immunity—extensive "salting" in Japanese interregnum, with elimination of weak re-actors—6.
    - (iv) Low transmission—an obscure cyclical process—3.
    - (v) Promptitude of mass measures after liberation—2.
- 9. General observations: Replies under this head have not brought up any important point not raised elsewhere.

Conclusions.—It is clear that a substantial majority still favours at least some reliance on anti-larval control. It has not been clear, however, in the replies whether the expression "anti-larval control" is meant to include, besides positive measures (cleaning and oiling, subsoiling, etc.), the more passive method of natural shade control. Apart from one or two individuals, all those who believe in anti-larval methods also use chemosuppression extensively. The value of anti-adult measures has not been clearly determined.

It is fairly generally agreed that the malaria incidence has been low, and it appears therefore that the new methods, or the combination of new and old methods, have yet to be tried out against serious epidemic conditions.

More precise information as to the extent of the deliberate use, and as to the effectiveness, of natural shade control would clearly be of interest.

The Board considered that it was clear from Dr. Hardie's interesting summary that drug prophylaxis as a control method was assuming a major position in Malaya at the present time. It was agreed that the summary should be placed on record with a view to re-assessing the position a year from now.

#### TUBERCULOSIS ADVISORY BOARD.

- 31. The membership of the Board is:
  - (a) The Director of Medical Services (Chairman).
  - (b) Ten members, one from each State or Settlement, nominated by His Excellency the Governor on the recommendation of State and Settlement administrations.
  - (c) One member nominated by Rotary Clubs and one by the Central Welfare Council.
  - (d) Four medical members—

One nominated by the British Medical Association, Malaya Branch, one by the Alumni Association of the College of Medicine, one Medical Officer of Health of a Municipality or Town Board, and one Medical Officer nominated by the Director of Medical Services.

(e) Three Departmental Officials representing Education, Public Relations and Social Welfare.

The Director, Medical Services, Singapore, is represented by a Medical Officer who attends as an observer.

The Board held two meetings during the year.

The following items were discussed by the Board:

- (i) The necessity for the provision of increased staff for the treatment of tuberculous patients in the existing hospitals. The Board recognised the difficulties which exist in the way of recruiting staff.
- (ii) The domiciliary schemes.—These schemes were extended and Government has agreed that provision for these schemes should be entered in the State estimates.
- (iii) Medical examination of school children.—Progress has been made in this service but is much hampered by lack of staff.
- (iv) Assistance in connection with anti-tuberculosis work by private practitioners.—The service of private practitioners is much appreciated and valuable assistance has been rendered particularly in connection with the out-door clinic at Malacca.

The Tuberculosis Advisory Board made recommendations to Government that a tuberculosis out-door clinic should be established in Malacca. This clinic was established during the year. The Board also recommended that a tuberculosis settlement should be established at Pulau Jerejak. This settlement is now in being.

Streptomycin.—The Board established a small sub-committee to receive applications from doctors who wished to use Streptomycin. This sub-committee was not a success only three applications being received. Voluntary control having proved a failure, this drug will be controlled when the Therapeutic Substance Act is passed. The Board considered that this was the best solution of a difficult problem.

The formation of the Tuberculosis Advisory Board has undoubtedly aroused great public interest in the subject of tuberculosis and in the methods of combating it. There is now in addition to the official body, an unofficial Malayan Association for the Prevention of Tuberculosis which has a branch or affiliated society in each State and Settlement.

#### PART III.

## MATERNITY AND CHILD WELFARE.

32. This is a State service, particulars of which will be found in the reports of individual States and Settlements. Maternity Hospitals exist at Penang and Johore Bharu. In Kuala Lumpur the Chinese Maternity Hospital is still used by Government. Elsewhere there are maternity wards in all Government Hospitals.

The total number of women admitted to maternity wards in 1948 was 32,615. The total number of deaths was 273. This compares with 28,683 admissions with 340 deaths in 1947.

33. Child Welfare Centres.—This is also a State service. There are Infant Welfare Centres in all the main towns. Periodic visits are paid by the staff to the surrounding districts. The total number of attendances was 583,755 and 245,003 visits were paid to mothers and children in their homes.

#### PART IV.

### HOSPITALS AND DISPENSARIES.

34. Hospitals and dispensaries are a State service, particulars of this service will be found in the Annual Reports of States and Settlements. The total number of beds available for patients was 13,177. The daily average number of inpatients was 10,188.

During the year 203,279 in-patients were treated. This does not include the inmates of the leper and mental institutions—894 and 1,844 respectively. The hospitals range from the large modern buildings in Penang, Malacca and Johore Bahru through the less modern pavilion type of hospitals such as those in Alor Star, Ipoh, Kuala Lumpur and Seremban, to the small district hospitals.

The equipment of the hospitals is now reasonably good in essentials, and most of the buildings have been restored to good condition, but there are still many deficiencies in special equipment, particularly X-ray apparatus.

35. The following statement shows the hospitals in use at the end of 1948:

State/Settlement.	Average daily No. of patients.	Total No. of patients admitted.	Total No. of deaths.	Death-rate per 100 admissions.
KEDAH.	0			-
Alor Star Hospital	401	9,435	339	3.6
Sungei Patani Hospital	182	5,477	217	4.0
Kulim Hospital	188	4,357	198	4.5
Baling Hospital	11	634	20	3.2
Langkawi Hospital	39	560	16	2.9

STATEMENT OF GENERAL AND DISTRICT HOSPITALS FOR 1948—(cont.)

State.	Average daily No. of patients.	Total No. of patients admitted.	Total No. of deaths.	Death-rate per 100 admissions.
			,	
PERLIS.				
Kangar Hospital	102	2,738	106	3.9
PENANG AND PRO- VINCE WELLESLEY				
General Hospital	626	9,050	777	8.6
Maternity Hospital Perak Road Hospital	$\begin{array}{c} 65 \\ 102 \end{array}$	$egin{array}{c} 3,329 \ 219 \ \end{array}$	$\begin{array}{c} 19 \\ 90 \end{array}$	$0.6 \\ 41.1$
Balik Pulau Hospital	20	244	$\begin{bmatrix} 30 \\ 2 \end{bmatrix}$	. 0.8
Prison Hospital	16	322	$\overline{2}$	0.6
Quarantine Station		40		
Hospital Pulau Jerejak	2	43	1	2.3
Hospital	108	118	71	60.2
Pulau Jerejak Deten-				
tion Hospital	16	67	1	1.5
Butterworth Hospital Bukit Mertajam	116	3,094	125	4.0
Hospital	139	2,937	109	3.7
Sungei Bakap Hospital	95	3,298	127	3.9
	۰			
PERAK.				
Parit Buntar Hospital	72	2,198	66	3.0
Taiping Hospital	403	8,124	501	6.2
Kuala Kangsar District Hospital	116	2,963	99	3.3
Kuala Kangsar,	110	2,903	99	0.0
Women's Hospital	81	2,526	100	4.0
Ipoh Hospital	490	10,319	707	6.9
Batu Gajah Hospital Kampar Hospital	$egin{array}{c c} 239 \ 206 \end{array}$	$\begin{array}{c c} 4,394 \\ 3,459 \end{array}$	$egin{array}{c c} 256 \ 187 \end{array}$	5.8 5.4
Tapah Hospital	114	1,534	179	11.7
Tanjong Malim				
Hospital	40	3,997	40	1.0
Telok Anson Hospital Lumut Hospital	161 139	$\begin{bmatrix} 2,872 \\ 576 \end{bmatrix}$	$\begin{bmatrix} 260 \\ 153 \end{bmatrix}$	$\begin{array}{c} 9.1 \\ 26.6 \end{array}$
Grik Hospital	20	1,921	21	1.1
		_,		
SELANGOR.				
Bungsar Hospital	35	1,162	28	2.4
General Hospital	397	8,878	855	9.6
Tanglin Hospital	120	2,223	55	$\frac{2.5}{2.7}$
Pudu Road Hospital Pahang Road Hospital	$\begin{array}{c c} 123 \\ 103 \end{array}$	$\begin{array}{c c} 6,207 \\ 363 \end{array}$	$\begin{vmatrix} 169 \\ 140 \end{vmatrix}$	38.6
Sentul Convalescent	103	303	140	00.0
Camp Hospital	421	151	67	44.4
Police Depot Hospital	14	510	224	6.0
Klang Hospital Kajang Hospital	$\begin{array}{c c} 196 \\ 88 \end{array}$	$\begin{array}{c c} 5,579 \\ 2,804 \end{array}$	334 119	$\begin{array}{c} \textbf{6.0} \\ \textbf{4.2} \end{array}$
Kajang Hospital Kuala Kubu Bahru	30	2,001	110	
Hospital	55	1,582	62	3.9
		N. Carlotte		

Statement of General and District Hospitals for 1948-(cont.)

State.	Average daily No. of patients.	Total No. of patients admitted.	Total No. of deaths.	Death-rate per 100 admissions.
NEGRI SEMBILAN.	•			
General Hospital Kuala Pilah Women's	402	8,580	525 108	6.1
Hospital Kuala Pilah District	107	2,444		
Hospital	$\begin{array}{c} 203 \\ 89 \end{array}$	$3,203 \\ 2,120$	101 89	$\begin{array}{c} 3.2 \\ 4.2 \end{array}$
Port Dickson Hospital  Tampin Hospital	86	2,343	82	3.5
Jelebu Hospital	79	1,585	72	4.5
Prison Hospital	7	166		
MALACCA.				
General Hospital	494	8,038	582	$\begin{array}{c} 7.2 \\ 21.2 \end{array}$
Alor Gajah Hospital Prison Hospital	$egin{array}{c} 52 \\ 1 \end{array}$	$egin{array}{c} 33 \ 32 \end{array}$		
Quarantine Camp		1 7.48		0.0
Hospital Detention Camp	7	145	4	2.8
Hospital	1	14		
JOHORE.				
General Hospital	644	8,743	695	7.9
3rd Mile Hospital Pontian Hospital	144 61	198 1,325	$\begin{array}{c c} & 12 \\ 65 \end{array}$	6.1
Batu Pahat Hospital	139	3,367	187	5.6
Muar Hospital	174	4,723	272	5.8
Tangkak Hospital Segamat Hospital	87	1,133 3,278	73 238	$\begin{array}{c c} 6.4 \\ 7.3 \end{array}$
Kluang Hospital	157	3,623	221	6.1
Kota Tinggi Hospital	76	1,782	67	3.8
Mersing Hospital	33	1,353	50	3.7
KELANTAN.	† *		•	
Kota Bahru Hospital	255	4,663	197 5 <b>2</b>	4.2 3.4
Kuala Krai Hospital	44	1,040	02	0.1
TRENGGANU.				
Kuala Trengganu Hospital		2,844	96	3.4
Dungun Hospital	1	652	15	2.3
Kemaman Hospital		704	43	6.1
PAHANG.			/	1.17
Kuala Lipis Hospital		3,064		
Kuantan Hospital	70	2,914 $2,995$	157 116	5.4 3.9
Raub Hospital Bentong Hospital	0=	1,999	182	
Mentakab Hospital	110	2,466	138	5.6
Pekan Hospital	62	1,043	26	2.5

36. Full details of the conditions treated in hospitals are given in Table 1 of the Appendix.

The following gives an indication of the commoner conditions treated:

Disease. A	Disease. Admissions.		Mortality per cent.
Malaria	19,519	596	3.05
Pulmonary Tuberculosis	7,328	2,182	29.77
Dysentery	2,314	125	5.4
Diarrhœa and Enteritis	4,199	611	14.55
Pneumonia and Broncho-			
Pneumonia	4,451	965	21.68
Bronchitis	6,996	97	1.38
Beri-beri	510	58	11.37
Venereal Diseases	5,888	103	1.74
Enteric Fever	898	158	17.59
Injuries due to External Causes	19,400	543	2.79

37. The following statement gives an indication of the distribution of the common diseases in the three principal racial groups. This cannot be taken as a true indication of the racial distribution of disease. The proportion of Malays who are treated as in-patients in hospital is small in relation to the other races.

The number of Indians is disproportionately high, because more than members of any other race are employed by estates or other employers who insist on sending their employees to hospital when this is necessary.

RACIAL INCIDENCE OF COMMON DISEASES AMONGST HOSPITAL IN-PATIENTS.

Population.		CHINESE. INDIANS. 539,976			MALA 2,432,		OTHERS. 57,632		
Disease.	Admis-sions.	Deaths.	Admissions.	Deaths.	Admis- sions.	Admissions.  Deaths.		Deaths.	
Malaria	6,975	383	7,466	124	4,734	73	344	16	
Dysentery and Enteritis		495	2,348	155	1,421	71	225	15	
The Pneumonias	1,900	635	1,921	242	514	70	116	18	
Pul. Tuberculosis	4,245	1,531	1,709	439	1,247	195	127	17	
Beri-beri	275	44	120	8	104	5	11	1	
Appendicitis	587	18	<b>32</b> 9	8	96	2	95	2	

38. Malaria Cases in Hospitals.—The number of cases treated in Government Hospitals was 19,519, a reduction of 6,655 from 1947. The distribution of types of malaria, diagnosed microscopically was:

 Subtertian
 ...
 ...
 ...
 62 per cent.

 Benign tertian
 ...
 ...
 ...
 32 ,,

 Mixed
 ...
 ...
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 4 ,,

 Quartan
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 ...
 ...
 2 ,,

The seasonal incidence of malaria followed the usual course, the rise beginning in April and reaching its peak in May and June. Details showing the malaria admissions reported monthly for each State are given in Table 2 of the Appendix.

39. Surgical Work.—Equipment for surgical work improved considerably during 1948.

A total of 29,926 surgical operations were performed. Details are given in Table 3 of the Appendix.

- 40. Ophthalmic Work.—32,260 patients were treated for diseases and injuries of the eye and 2,212 eye operations were performed. Details are given in Table 4 of the Appendix.
- 41. Radiological Work.—The equipment of the Radiology Department improved during the year but is still very defective. No facilities exist for deep X-ray therapy; radiological diagnosis is fairly satisfactory where equipment exists, but many of the fairly large hospitals have no X-ray equipment.

Forty thousand, seven hundred and thirty-five patients have been examined by X-rays and 959 patients treated in the X-ray and electro-therapeutic departments.

42. Out-patients.—All hospitals have Out-patient Departments. This is supplemented by small dispensaries situated in many of the smaller towns and by travelling motor dispensaries operating on the main roads. Hospital Assistants in charge of fixed dispensaries travel by bicycle throughout their area to deal with places which the travelling dispensary cannot reach. In Johore, Pahang, Trengganu and Kelantan, a certain amount of travelling is also done by river. The absence of suitable craft has prevented the resumption of the pre-war service to river kampongs.

The demand for the services of these dispensaries has increased greatly since the war. One million, nine hundred and seventy-five thousand and nine attendances were recorded in 1948. This figure does not include attendances at Infant Welfare Centres and Venereal Disease clinics. Six hundred and thirty-two thousand, nine hundred and twenty-nine of these attendances were at Travelling Dispensaries. Details are given in Tables 5, 6 and 7 of the Appendix.

43. Dental Surgery.—The total number of dental officers employed in the Federation of Malaya at the end of the year was 24. This figure shows an increase of four on 1947, but is eight below the establishment of 32. The output of dental officers from the College of Medicine is still below the requirements of the Service and the attractions of private practice make recruitment difficult.

Equipment.—The delivery of equipment throughout the year was slow but on the whole satisfactory. Most States have now been supplied with new dental chairs, electric dental engines and sterilizers. The supply of essential expendible drugs, instruments and materials was kept up to allow all States to function normally.

the training of Dental Public Health Nurses.—A scheme for the training of Dental Public Health Nurses is under consideration to augment the dental service to school children. It has long been realised that the number of qualified dentists to treat the school children adequately in the Federation is beyond the economic resources of this country. This system has proved very successful in New Zealand and its introduction in the Federation should go far to combat the high rate of dental caries. The ideal team in a Malayan clinic would be one Dental Surgeon and five Public Health Nurses (Dental). Training of nurses has commenced.

Return of work done.—The number of attendances has risen from 102,255 in 1947 to 111,165 in 1948. The operations performed show a similar satisfactory increase. The details of work done by the Dental Department are given in Table 8 of the Appendix.

Scientific investigations.—The investigation into the dental condition of the more remote aboriginal tribes was continued and a paper on the "Teeth of the Che Wong" was published in the British Dental Journal by the Chief Dental Officer.

Honour.—During the year the Royal College of Surgeons of England elected the Chief Dental Officer to a Fellowship in Dental Surgery in recognition of his services to dentistry in Malaya.

44. Veneral Disease.—Treatment centres are available at all hospitals and out-patient clinics. A number of special clinics function in the larger centres of population.

The following gives the number of cases treated:

#### Venereal Diseases.

Nationaliti	es.		Syphilis.	Gonorrhoea.	Soft Sore.
Chinese	• • •	• • •	4,802	2,755	906
Indians			3,750	2,058	1,079
Malays	• • •		3,646	3,065	503
Others	•••	• • •	188	268	48
	Total		12,386	8,146	2,536
1947	figures		12,513	6,579	1,991

The number of cases of syphilis shows a slight decline compared with the figures for 1947. There is, however, a considerable increase in the number of cases of gonorrhoea treated and also for soft sore. The 1948 figures are still much below than for 1946. The increase in the figures for gonorrhoea and soft sore probably indicates a greater number seeking treatment with the realisation that treatment with the newer and more effective drugs such as penicillin is available.

45. Laboratory Work.—Much of the pathological work is done in the laboratories of the Institute for Medical Research, but the simpler routine examinations are carried out in the

hospitals. In these hospital laboratories 262,210 blood films were examined for malaria. The findings have been included in the section dealing with malaria. One hundred and ninety-seven thousand, five hundred and seventy examinations of stools were made and 38.9 per cent. of the specimens examined showed worm infestation. Round worms were commonest—21.3 per cent. and hook worm 10.1 per cent.

Two thousand, six hundred and thirty-two post-mortem examinations were performed. Details of these examinations are to be found in Tables 9, 10 and 11 of the Appendix.

#### PART V.

#### SPECIAL INSTITUTIONS.

#### INSTITUTE FOR MEDICAL RESEARCH.

The following is a synopsis of the Annual Report of the Institute for Medical Research.

46. The years 1947-1948 have witnessed a notable widening of the research activities of the Institute, paradoxical though this may seem in view of the difficulties experienced in the replacement of basic research equipment needed to make good the heavy losses of war and to adapt war-time advances in technique to the investigation of Malayan Medical problems.

The initiation of projected lines of research has been largely dictated by these difficulties of replacement; and it has been in the fact-finding field investigations, especially those concerned with malaria, entomology and nutrition, that progress has been most noteworthy amongst the various divisions of the Institute.

But a more than compensating feature has been the increasing extension of the activities of the Institute occasioned by the attraction to it of visiting research units, staffed by picked men, each unit concentrating on one particular set of problems; with the gratifying result that the role of the Institute assumes increasingly that of a medical research centre for the Far East.

Two main factors have contributed to this development.

Firstly, generous allocations of research grants from the Colonial Development and Welfare Fund (C.D.W.F.) have been made by the Colonial Medical Research Committee (C.M.R.C.) for schemes of investigation proposed by the staff, supplemented by the Committee's expert advice, where needed, based on experience gained elsewhere in the British Commonwealth. They have provided a most effective stimulus to research effort.

Secondly, the fruitful field that Malayan medical problems offer has attracted medical investigators engaged on similar problems in territories outside the Commonwealth; a development that is due in no small part to the pioneer work of our predecessors and to the sympathetic practical interest of the lay administrator that medical research has long enjoyed in this country.

Concerning the first factor, the C.M.R.C. has allocated research grants to the following projects, now in being at this Institute, and to be described in more detail later:

- (i) the British Scrub Typhus Research Unit, wholly supported by the C.D.W. Fund;
- (ii) the field trial of the anti-malarial drug, Paludrine, partially supported by the C.D.W. Fund;
- (iii) a corresponding field trial of the role of the two insecticides, D.D.T. and Gammexane, partially supported by the C.D.W. Fund.

In addition, plans are in preparation for a joint field investigation by the nutrition worker and the economist.

The project has the interest of the C.M.R.C., and will, it is hoped, begin during 1949.

Concerning the second factor, the success of an American research unit of five picked men in demonstrating so decisively in infected areas in Malaya that the new drug chloromycetin will cure scrub typhus has proved a landmark in therapeutic studies, that has held the attention of the medical world. As the investigation unfolded, clear indications were obtained that the drug was markedly effective in typhoid fever also. These findings naturally have prompted new and divergent subsidiary lines of investigation, especially into the possibility of prophylaxis in scrub typhus.

To the staff of the Institute, the benefit that thereby has accrued has transcended the mere event, tremendous though that be; for them the interchange of ideas and techniques and the interweaving of certain aspects of the investigations, with their own, have had a most stimulating effect. As an example of this may be cited the fact that over a number of months the two entomologists of the American Unit and the three of the British Scrub Typhus Unit have been enabled to pursue complimentary studies of the many problems of the classification, culture and role of trombiculid mites in disease, a subject that has long been greatly in need of such co-ordinated effort. The profit of such joint studies cannot be rated too highly.

47. In the Division of Bacteriology the longevity of the activity crystalline penicillin at the room temperatures of Malaya has been assessed. Tests for the determination of penicillin-sensitivity have been introduced.

Study of the "Rhesus" or "Rh" Factor has been initiated. The discovery in 1937 by Landsteiner and Wiener that this new factor in blood-grouping existed in human blood has stimulated world-wide investigations of ever-increasing range and complexity. Its immediate practical application, viz., its occasional role in pregnancy and transfusion reactions, has become the concern of every general practitioner. It is probable from studies made in many countries that this importance will be limited in Malaya almost entirely to Europeans; but local demonstration of its distribution in the different races of Malaya is needed, and is being undertaken.

The spectacular success of penicillin in a diverse range of infections has caused investigators of the synthetic drugs such as the sulphonamides (M&B 693, etc.), to turn their attention

more to the discovery and testing of moulds similar to penicillin that might enlarge the number of infections vulnerable to these mould extracts (or antibiotics).

An investigation of local moulds found in soil is in progress. The success in Malayan diseases of chloromycetin (to be described later), derived from a mould from Venezuela, has narrowed the quest to one for kindred moulds, with early results of much interest.

In addition, the efficacy of the choloromycetin of Venezuelan origin has been assayed in vitro against a series of local pathogens, with a view to giving a lead to the clinician when ultimately this antibiotic becomes freely available.

48. The Division of Biochemistry, more than any other Division, has been handicapped by the difficulty in obtaining replacements of war losses, both of basic chemicals and precision apparatus, chemical and optical. Nevertheless, biochemical studies on rice have been initiated that have a practical bearing on Malaya's nutrition problems.

Liaison with the Divisions of Malaria Research and of Entomology included determinations of paludrine blood-levels and of D.D.T., both assays being integral parts of the research work of those Divisions.

As new synthetic drugs, antibiotics and chemical insecticides respectively supplant earlier ones, so will the role of the biochemist become increasingly important as a participant in research projects concerned therewith.

49. In the Division of Entomology, a welcome event has been the recruitment of a second highly-qualified entomologist, Mr. R. H. Wharton, B.Sc., during 1948. As the report of 1947 stresses, the lack of senior staff due to a world scarcity of medical entomologists, had curtailed considerably the desired range and tempo of investigations; in contrast, the 1948 report indicates the impetus that this accession of strength has given.

The need to recruit the largest possible cadre of qualified medical entomologists for Malaya is an urgent one, for Malaya is a country of entomological arrears. The urgency is measured by the toll taken by malaria, mitigated though it be by the newer synthetic anti-malaria drugs; by the occurrence of filariasis, physically crippling, and menacing economically to at least one large rice growing scheme; by the widespread distribution of areas of land infested by mites carrying the causal agent of scrub typhus; and by the need to promote anti-mosquito measures against Aedes aegypti, the commonest vector species of yellow-fever, a disease from which the Far East is happily free, but against which swifter air travel enjoins unremitting vigilance. Many subsidiary problems such as those of dengue fever, sand-fly fever and perhaps Q-fever (possibly), could be That the influence of the medical entomologist on tropical medicine is wholly preventative further emphasizes the gain to Public Health that an increased cadre of entomologists would bring. The entomologist has devoted much effort to the formation of a branch laboratory at Tampin that will be complimentary to that formed by the Senior Malaria Research Officer,

as noted in the Annual Report for 1946. There his principal activities will be to give assistance in the entomological aspects of the field investigations of the newer chemoprophylactic and chemotherapeutic anti-malaria drugs, and in assessing in "maculatus" country the efficacy of the newer insecticides, D.D.T., Gammexane, and still later rivals to these that will doubtless appear. Preliminary tests have begun.

The adoption in Malaya of D.D.T. spraying of houses for malaria control awaits more knowledge of the resting habits of local carrier mosquitoes. D.D.T. spraying in the country is thus largely empirical. Controlled trials are planned, and have been submitted to the Colonial Medical Research Committee in London for its views. These are favourable and have received practical expression in the grant of financial aid from the Colonial Development and Welfare Fund. The trials will be made (in house and field) in selected Malay villages and valleys in Negri Sembilan; initial survey work has begun, while, in the laboratory, techniques are being perfected. The enquiry will include a comparative evaluation of Gammexane; and will be interwoven with the field studies of the chemotherapeutic value of the synthetic drug, "Paludrine", now progressing under the direction of the Senior Malaria Research Officer.

Despite the prior claims of malaria, filariasis has not been neglected. Working in collaboration with Dr. T. Wilson in Kedah, the Division has accumulated entomological data which will lead to more comprehensive studies that will be possible when the staff position is more favourable.

50. The Division of Malaria Research has continued the large-scale field experiments in chemoprophylaxis that were begun late in 1946 at the request of the Colonial Medical Research Committee and have been aided financially by the Colonial Development and Welfare Fund. On selected estate populations the efficacy and safety of suppressive antimalaria treatment by paludrine, chloroquine, CAM/AQI, and mepacrine are being compared.

Paludrine has been shown to suppress malaria efficiently under the conditions of light transmission prevailing in Malaya during 1947 and the first half of 1948. Protection was not complete with any of the dosages used—100 mgm. to 300 mgm. once weekly—but "break through" was comparatively rare. The drug clearly has an important place in Malaya. Why paludrine should be a successful preventive drug in India and Malaya and disappointing in West Africa is not known. Attention is now directed to the possibility that parasites become "paludrine-resistant" or to possible differences of strain in West Africa and Malaya.

Chloroquine was also efficient, possibly even more active than paludrine. This drug, however, is too expensive for general use; and purchase is beset with exchange restrictions.

CAM/AQI, also American, was not efficient when given, as recommended, once a month. The possible utility of the drug in Malaya is not yet defined.

In the therapy of malaria, both paludrine and chloroquine are efficient, but the latter causes symptoms to disappear more quickly. The possibility of treating malaria with single doses of an active drug—a method of potential value in the kampongs—is being explored.

Early results of a comparative study of therapy by paludrine and mepacrine indicate that in paludrine therapy, while there is a quick clearance of the blood, the fever response is somewhat slower than in the mepacrine therapy.

51. The Division of Nutrition, formed in 1946, is now well launched. Already data of much value to the medical practitioner and economist alike have been secured by teams of investigators in the field. More such teams are being trained; there is no doubt that the effectiveness of this Division is increasing as its organisation grows and its activities ramify further afield.

Attention is drawn to the prominence of beri-beri as a factor in infantile mortality; and to anæmia and skin ulceration as an index of malnutrition.

Dietary and economic surveys have been made in three groups of the rural population that follow sharply contrasting occupations; the findings exemplify how integrated are the sciences of nutrition, economics and sociology.

The institution of a Nutritional Advisory Board, to broaden the basis of nutritional investigation by inter-departmental participation, has greatly stimulated interest and effort.

This Division has largely controlled the expenditure of the \$3,000,000 vote for 'Free Meals to School Children'. Skim milk powder, army biscuits and food yeast have been made freely available.

52. The research activities of the Division of Pathology were largely merged with those of the U.S. Scrub Typhus Unit inasmuch as laboratory space, laboratory mice and two assistants were allocated to this Unit. With what profit these facilities were used will be clear from perusal of the Unit's summarized report, given below.

Two notable outbreaks of scrub typhus in the vicinity of Kuala Lumpur were investigated by the Senior Pathologist; one served as human material for the assay of chloromycetin, and indicated an infested area that later proved suitable for the chemotherapeutic studies of the U.S. Unit.

Notes are given of observations on the value of the cotton-rat lung vaccine extensively used during the closing months of the Japanese war. It would appear that batches of this vaccine, shown by mouse tests to possess capacity to protect mice, did not protect man. Dr. Joseph E. Smadel informs us that a vaccine made in his laboratory, and similarly promising in mice, likewise failed to yield any conclusive evidence of protective power in man.

The use of adjuvants as a possible method of enhancing whatever power for protection the rat-lung vaccine might have was the subject of experiment. No such enhancement could be demonstrated.

A series of experiments with penicillin and streptomycin in experimental rat-bite fever was undertaken.

53. The activities of the Division of Serology covered the usual range of laboratory examinations and products. The most responsible of the latter, the production of vaccine lymph, continued at a brisk pace, thus sufficient to vaccinate 4,500,000 persons was made in 1947, and 2,015,680 in 1948.

The claim that "lanolinated lymph" should be preferred to our usual glycerinated product, because of an alleged greater resistance to the imperfect refrigeration of transit conditions, was put to the test, and proved to be unfounded; for whereas the usual I.M.R. lymph retained a maximum potency for 31 days of storage at room temperature, the lanolinated lymph under similar conditions retained its maximum potency for only ten days.

54. The Ipoh Branch Laboratory.—Covering a very wide range of subjects, continued efficiently to serve the hospitals of Perak; and to that extent to further research activities of the parent laboratory at Kuala Lumpur.

Only one member of the Senior Staff was available—in contrast to the two of the pre-war period. When the recruiting position improves, the position will be restored, for this laboratory fulfils a most important function, and receives much routine work that may well offer opportunities for special investigations.

THE UNITED STATES ARMY SCRUB TYPHUS RESEARCH Unit.—The salient objectives and findings of the United States Scrub Typhus Research Unit have been contributed to the Annual Report by Dr. Joseph E. Smadel, the leader of the Unit, who is the Scientific Director of the Department of Rickettsial and Virus Diseases, Research and Graduate School, Army Medical Centre, Washington D.C., and one of the foremost virus investigators of the present time. He traces the progress made in the investigation of chloromycetin, which exceeded expectation. First came the demonstration of the curative efficiency of the drug in scrub typhus, remarkable in its speed and completeness. The next logical objective, having in mind the drug's military import, was a series of field-experiments designed to evaluate the drug's potentialities in chemoprophylaxis. For it was now possible to expose human subjects in scrub typhus infested areas, with the certainty of avoiding mortality, and with the prospect of many new avenues of study unfolding.

Thus, overnight as-it-were, a once severe and often mortal disease, centuries-old, much feared by planter and serving soldier alike, had become trivial in the presence of chloromycetin, a drug taken as simply as is aspirin, and the gap between animal and human experimentation bridged. In medical scientists throughout the world these dramatic results have aroused the liveliest interest.

But an even more resounding result has been the finding that in typhoid fever the drug is also effective; 18 cases have been treated without a failure, and more have since been cured in the United States. This additional success has, of course, much more than local interest. For typhoid is world-wide in its incidence, and hitherto no drug has had any specific effect on the infection.

Lastly, Dr. Smadel alludes to the successful synthesis of chloromycetin by the Research Division of Messrs. Parke Davis and Company on a scale that is unique in the study of anti-biotics and that should extend the benefits of this remarkable drug more widely throughout the community than would otherwise have been possible.

56. Colonial Office Scrub Typhus Research Unit.—Dr. J. R. Audy, the leader of the British Scrub Typhus Unit, sponsored by the Colonial Office, has contributed a concise account of the objectives and current work of his Unit. These are complimentary to those of the American Unit, in that they deal primarily with the origins of the disease in infested country-side rather than with the end result, the patient, infected or at risk.

The comprehensive nature of the investigations needed will at once strike the reader. Prior to the Japanese war our knowledge of this aspect of scrub typhus consisted largely of disjointed though valuable observations by isolated individual workers or small groups of workers. During the war the urgency of the problem brought many able investigators to its study, but these were soon to be dispersed by the ending of hostilities. It is therefore most gratifying that in Dr. Audy and his unit we in Malaya have been able to secure continuity with war-time investigations, and to initiate long-term planned studies, intensive yet unhurried.

#### LEPER SETTLEMENTS.

- 57. There are three Leper Settlements in the Federation, Sungei Buloh in Selangor, Pulau Jerejak in Penang and the Leper Hospital, Johore Bharu. Pulau Jerejak was re-opened in February this year with patients transferred from Sungei Buloh. Sixty patients were also transferred from Singapore.
- 58. Leper Settlement, Sunger Bulon.—During the year the number of patients in the settlement declined from 2,049 to 1,888. The distribution of population is given below:

	7	Men.		Women.		Boys.		Girls.		Total.
Chinese	• • •	915		409		84	• • •	50		1,458
Indians	• • •	195		36		9		3		243
Malays	• • •	126	• • •	39		7		3		175
Others	• • •	10	• • •	1				1		12
Total	l	1,246	• • •	485		100		57	• • •	1,888
					-					

59. TREATMENT.—Treatment with Sulphone drugs was begun at Sungei Buloh and with increasing supplies will be extended in 1949 to Pulau Jerejak and the Johore Settlement.

The most satisfactory results have been obtained by the use of 4:4 Diaminodiphyenyl Sulphone in oil 1 c.c. given by injection. It is well tolerated and no complications have arisen apart from a slight anemia. The response particularly in the heavier infected cases, is dramatic. Ulcers of the naso-pharynx often of years duration have healed after a few weeks on a total dosage of two grammes or less. The injections are prepared by the

Pharmaceutical Department and the cost of treatment is less than \$4 per annum per patient. Sufficient data is not yet available to judge the end results of this treatment but it is probable that the use of Sulphone drugs will enable cures to be obtained within a period of two years, after six months treatment bacilli are less numerous in the lesions and fragmentation of the bacilli can be observed.

60. Hospital Treatment.—Three thousand, six hundred and seventy cases required hospital treatment. The main causes of death apart from the leprosy factor was pulmonary tuberculosis which accounted for 30 deaths out of a total of 72.

The introduction of Sulphone Therapy has had as might be expected a noticeable effect in morale. The patients now realise that a cure of their condition is possible. The possibility of permanent cure has brought in its train a large number of questions of a social rather than a medical character which in conjunction with the Social Welfare Department will require consideration.

61. Welfare.—Welfare work in all institutions was actively pursued during the year. The patients themselves taking an active part in entertainments, gardening and serving in varying capacities in the actual staffing and running of the institutions. Through the generosity of the Bar Councils of the Federation and Singapore free legal aid for inmates has been arranged. This aid has been of the utmost value to all patients who may have legal problems, and is much appreciated both by the department and the patients.

#### MENTAL HOSPITAL.

- 62. The Central Mental Hospital at Tanjong Rambutan deals with all cases of mental disease from the Federation of Malaya with the exception of 1st class male cases for whom there is no suitable accommodation. One ward was converted into three rooms for the accommodation of 1st class female patients. The Mental Hospital, Johore Bharu, is leased to the army.
- 63. Deep Insulin and Electric Convulsive Therapy continued to be used, with many dramatic recoveries. Of the former 106 cases were treated and of the latter 599, compared with 109 and 401 respectively in 1947.
- 64. Farms.—The situation in 1948 had eased considerably. The number of patients working on the farms increased to 204 as against 140 in 1947. But the acquisition of a second tractor with complementary equipment has proved a great boon, much clearing has been done, and there are now approximately 234 acres under cultivation as compared with 120 acres in 1947. Moreover, much clearing of lallang has been done. One farmstead was built with hospital labour to replace one rendered inactive by inclusion in the Police Depôt. The stock of pigs has been maintained, and the hospital is now self-contained in the supply of pork for diets, as it is in the supply of fruit and vegetables. In addition, more feeding stuffs are being produced for pig-feeding, and 59 acres are devoted to sweet potatoes.

- 65. The estimated value of farm produce, at market prices, was \$81,852, as compared with approximately \$35,000 in 1947. The main items produced were 11,112 katies of pork, 1,177 katies of beef, 8,000 katies of maize and 424,000 katies of vegetables.
- 66. OCCUPATIONAL THERAPY.—Occupational Therapy was carried on as in the previous year.

#### MEDICAL STORES.

The store position is still rendered difficult by the necessity to use no fewer than six separate buildings in six widely scattered localities. Concentration at the port of entry would when it becomes practicable, undoubtedly reduce costs and greatly increase efficiency. The supply position has improved considerably during the year, but there is still considerable delay in placing orders by the Crown Agents and even when firm orders have been given the period between placing the order and the shipping of supplies is still far too long. Many indents sent in 1946 and 1947 are still not completed at the end of 1948. If supplies could be expedited uneconomic local purchases could be largely avoided and the stocks could be reduced with a consequent considerable saving to Government. The many problems which arose with the commencement of the new "Unallocated Stores" accounting system were gradually solved and the system should work smoothly in future years. The great shortage of textiles in the sterling area has caused great difficulties in the supplies of dressings, bedding, cloth for patients' clothes and staff uniforms.

#### PHARMACEUTICAL LABORATORY.

68. The accommodation and equipment are still limited and supplies of raw materials were slow in arriving, nevertheless, over 61,000 ampoules were made compared with 14,750 in 1947 and 52,100 lbs. of galenicals and other preparations, as compared with 27,300 lbs. in 1947. Tablets were made for the first time at Kuala Lumpur and over 140,000 produced.

#### CONCLUSION.

There has been a definite improvement in the general state of public health in Malaya during 1948. The contribution of the low incidence of malaria to this happy state of affairs must not be forgotten and should the incidence of this disease increase a very different story may have to be told in future years. Much remains to be done before the Federation can regard with complacence the general health of the community. Tuberculosis, the high infantile mortality rate, the improving but still relatively low standards of nutrition are only some of the problems which remain to be solved. On the other hand progress is being made with the introduction of Sulphone drugs for the treatment of leprosy and the discovery of chloromycetin as a powerful therapeutic agent in the treatment of tropical typhus has removed the dread of these diseases. There is an increasing demand for modern medical treatment among all classes of the community which can only be adequately met once the serious problem of staffing the Medical Department particularly with doctors has been solved.

Table 1.

#### IN-PATIENTS.

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1948.

		*Remain-	YEARLY	TOTAL.	†Total	‡Remain-
	Diseases.	ing at end of Dec., 1947.	Admissions.	Deaths.	cases treated.	ing at end of Dec., 1948.
	I.—Infectious and Parasitic Diseases.					
2.	Typhoid fever Paratyphoid fever Typhus—	66	898 17	158 1	964 17	71 1
<b>.</b>	(1) Typhus exanthematicus (2) Tropical typhus	15	483	··· <b>2</b> 3	498	17
	<ul><li>(3) Japanese river fever</li><li>(4) Other rickettsia infec-</li></ul>	• •	••	• •	••	• •
4	tions Relapsing fever	• •	33	6	33	• •
5.	Undulant fever		• • • • • • • • • • • • • • • • • • • •			• •
	Small-pox	$\begin{bmatrix} 10 \\ 4 \end{bmatrix}$	63 111	7	73 115	$\begin{vmatrix} a \\ a \end{vmatrix}$ 3
8.	Scarlet fever		• •			
10.	Whooping cough Diphtheria Influenza—	1 14	69 59 <b>7</b>	1 178	70 611	25
11.	(1) with pneumonia	1	104	4	105	1
	(2) with other respiratory complications	$_2$	438	6	440	7
10	(3) without respiratory complications	101	5,092	2	5,193	116
	Cholera Dyscntery—	• •	• •	• •	• •	• •
	(1) Amobic	73 7	$1,476 \\ 320 \\ 5$	64 27	1,549 327 5	63 10
	(4) Undefined or due to		_			01
14.	other causes	13	513	34	526	21
17.	(1) Bubonic		• •			
	(2) Pneumonic (3) Septicæmic	• •	• •	• • • • • • • • • • • • • • • • • • • •		• •
	(4) Undefined		••			
15.	Erysipelas	2	72	1	74	5
10.	(1) Acute poliomyelitis	4	141	19	145	4
17	(2) Acute policencephalitis Encephalitis lethargica	1	3	2	$\begin{vmatrix} 3 \\ 1 \end{vmatrix}$	1
18.	Cerebro-spinal fever	i	21	10	22	
	Glanders Anthrax	• •	• •	••	••	
21.	Rabies		8	2	8	1
22.	Tetanus— (1) Tetanus of the newly					
	born	3 7	194 162	165 95	197 169	$\frac{1}{6}$
	Tuberculosis of the respiratory system	1,616	7,328	2,182	8,944	1,915
24.	Tuberculosis of the central nervous system	4	141	89	145	6
25.	Tuberculosis of the intestines or		68	23	71	5
26.	peritoneum	3			'-	45
27.	column	26	173	26	199	
	joints	35	199	9	234	61
29	cutaneous tissue (lupus) Tuberculosis of the lymphatic	• •	18			• •
20.	system	5	111	7	116	9
30.	glands excepted) Tuberculosis of the genito-urinary		- 0			
	system	• •	9	2	9	• •
<b>31</b> .	(1) Adrenal		1		1 63	6
	(2) Other sites	6	57	$\frac{22}{3,165}$	$\frac{03}{20,945}$	2,400
			18,925			

The form shows in the main the arrangement of diseases in the International Nomenclature, 1931 Edition. To save space the unimportant diseases of any class can be grouped in their places as "Other Diseases" of the class.

* i.e., the year previous to that for which the return is made. † "Total cases treated" will, of course, include those remaining in hospital at the end of the previous year. ‡ The figures in this column to be carried on to the next year's return.

a. This does not include cases not treated in hospitals.

### IN-PATIENTS—(cont.)

	*Remain-	YEARLY	TOTAL.	†Total	‡Remain-
Diseases.	ing at end of Dec., 1947.	Admis- sions.	Deaths.	cases treated.	ing at end of Dec., 1948.
Brought forward	2,020	18,925	3,165	20,945	2,400
I.—INFECTIOUS AND PARASITIC DISEASES—(cont.)				ļ	
32. Tuberculosis disseminated—		1			
(1) Acute (2) Chronic	0 0 0 .0	1	1	1	• •
(3) Not distinguished as acute or chronic	1	5	.:	6	3
33. Leprosy 34. Syphilis—	2,338	996	104	3,334	a 2,626
(1) Primary	$\begin{bmatrix} 26 \\ 89 \end{bmatrix}$	528 1,476	1 4	554 1,565	14 92
(3) Tertiary	52 20	$\begin{array}{c} 432 \\ 171 \end{array}$	28 51	484 191	35
(5) Period not indicated 35. Other venereal diseases—	23	397	17	420	23
(1) Soft chancre (2) Gonorrhea and its	13	337	••	350	4
complications (3) Gonorrhœal ophthalmia	61	1,936 81	1	1,997 84	<b>62</b> 3
(4) Gonorrhœal arthritis (5) Granuloma venereum	19	261 35	1	280	12
(6) Tropical bubo 36. Purulent infective septicæmia—	6	234		$\begin{array}{c} 35 \\ 240 \end{array}$	8
(1) Septicæmia	3	121	101	124	1
(2) Pyæmia	2	36 5	15 1	38 5	1
37. Yellow fever 38. Malaria—	• •		••	. ••	••
(1) Tertian (benign)	66 5	$\begin{array}{c} 2,869 \\ 180 \end{array}$	48 4	2,935 185	51 6
(3) Aestivo-autumnal (Subtertian)	104	5,491	272	5,595	111
(4) Mixed infections (5) Unclassified	13 202	379 8,629	28 191	$\begin{array}{c c} 392 \\ 8,831 \end{array}$	8 1 <b>43</b>
(6) Cachexia (7) Blackwater fever	87	1,971	53	2,058	54
39. Other diseases due to Protozoa— (1) Yaws (frambœsia)	179	1,629	2	1	105
(2) Spirochætosis icterohæ- morrhagica	110		_	1,808	125
(3) Leishmaniasis (dermal)	••	6	4	6	••
(4) Kala azar (5) Other diseases	• •	8	• •	8	• •
40. Ankylostomiasis	68	$\begin{array}{c c} 1,845 \\ 2 \end{array}$	9	$\begin{bmatrix} 1,913 \\ 2 \end{bmatrix}$	47
42. Other diseases due to hel- minths—					
Cestodes. (1) Tænia solium		5		5	
(2) Tænia saginata		• •			••
Nematodes. (4) Filaria	1	71	••	72	3 7
(5) Ascaris	74	3,418	13	3,492	58
(7) Oxyuris vermicularis (8) Dracunculus medinensis	••	9 <b>3</b>	• •	3	• •
Trematodes	•••	••	••	••	••
(9) Schistosomum japonicum (10) Clonorchis sinensis	• •	1	••	1	• •
(11) Other helminths (12) Undefined	8	297	2	305	3
43. (1) Sprue (2) Actinomycosis	6	41 8	4	47 8	1
(3) Other mycotic infections excluding purely dermal			- 1		
mycosis	2	4		6	
Carried forward	5,491	52,847	4,122	58,338	5,900

The form shows in the main the arrangement of diseases in the International Nomenclature, 1931 Edition. To save space the unimportant diseases of any class can be grouped in their places as "Other Diseases" of the class.

* i.e., the year previous to that for which the return is made. † "Total cases treated" will, of course, include those remaining in hospital at the end of the previous year. ‡ The figures in this column to be carried on to the next year's return.

a. Admissions to Leper Settlements.

## Table 1—(cont.)IN-PATIENTS—(cont.)

	*Remain-	YEARLY	TOTAL.	†Total	‡Remain-
Diseases.	ing at end of Dec., 1947.	Admissions.	Deaths.	cascs treated.	of Dec., 1948.
Brought forward	5,491	52,847	4,122	58,338	5,900
I.—Infectious and Parasitic Diseases—(cont.)	ø				
44. Other infectious or parasitic					
diseases—  (1) Vaccinia including post vaccinal encephalitis	i	2	1	2	
(2) Other sequelæ of vacci-	• •	6		6	• •
(3) Rubella					• •
(4) Varicella (chicken-pox) (5) Mumps and its compli-	21	<b>6</b> 88	1	709	1
cations (6) Dengue	12	228 61	• •	240 61	1
(7) Melioidosis	••	î	1	1	
(8) Myiasis	••	1		1	
10) Others (11) Pyrexia of uncertain	••	• •	••	••	•••
origin	7	98	1	105	• •
II.—CANCER AND OTHER TUMOURS.					
45. Cancer or other malignant diseases of the buccal cavity, and					
pharynx 46. Cancer or other malignant tum-	6	140	45	146	'
ours of the digestive organs and peritoneum—					
(1) Stomach	15	118	59	133	
(2) Liver (primary)	$\begin{bmatrix} 6 \\ 4 \end{bmatrix}$	165 107	94 34	171	••
47. Cancer or other malignant tum- ours of the respiratory organs	2	46	26	48	
48. Cancer or other malignant tum-	6		22	139	
ours of the uterus 49. Cancer or other malignant tum-		133	22	159	
ours of other female genital		125	25	128	
50. Cancer or other malignant tum- ours of the breast	3	69	13	72	
51. Cancer or other malignant tum-			,,,		
ours of the male genito-urinary organs	3	41	9	44	:
52. Cancer or other malignant tum- ours of the skin	4	53	11	57	
53. Cancer or other malignant tum- ours of organs not specified	12	210	68	222	1.
54. Tumours non-malignant—				82	
(1) Of female genital organs (2) Of other sites	6 9	76 375	5 8	384	1
55. Tumours of undetermined nature—					
(1) Female genital organs (2) Other sites	3 20	$\begin{array}{c} 31 \\ 201 \end{array}$	8	34 221	
III.—RHEUMATISM, DISEASES OF NUTRITION AND OF ENDOCRINE GLANDS AND OTHER GENERAL DISEASES.	20	201	1		
56. Rheumatic fever—		25			
(1) With cardiac involvement (2) Without cardiac involve-	,	83	8	88	
ment 57. Chronic rheumatism and	19	214	1	233	13
osteoarthritis 58. Gout	96	\$96 10	.2	932	3
59. Diabetes (not including diabetes			0.0	498	3
insipidus) 60. S c u r v y (including Barlow's		464	30		
disease)	1	21		22	• •
Carried forward	5,729	57,510	4,594	63,239	6,087

The form shows in the main the arrangement of diseases in the International Nomenclature, 1931 Edition. To save space the unimportant diseases of any class can be grouped in their places as "Other Diseases" of the class.

* i.e., the year previous to that for which the return is made. † "Total cases treated" will, of course, include those remaining in hospital at the end of the previous year. ‡ The figures in this column to be carried on to the next year's return.

## Table 1—(cont.)IN-PATIENTS—(cont.)

	*Remain-	YEARLY		†Total	‡Remain-
Diseases.	ing at end of Dec., 1947.	Admis- sions.	Deaths.	cases treated.	ing at end of Dec., 1948.
Brought forward	5,729	57,510	4,594	63,239	6,087
III.—RHEUMATISM, DISEASES OF NUTRITION AND OF ENDOCRINE GLANDS AND OTHER GENERAL DISEASES—(cont.)					
61. (1) Beri-beri including epidemic dropsy	57	494	53	551	38
pregnancy or labour 62. Pellagra	2	16 16 38	$\begin{bmatrix} 5\\1\\2 \end{bmatrix}$	16 18 39	1
63. Rickets	••	5		5	3
parathyroid glands— (1) Simple goitre (2) Exophthalmic goitre	3	54 • <b>1</b> 1	2	57 11	1
(3) Myxœdema, cretinism (4) Tetany		5	2	5	• • • • • • • • • • • • • • • • • • • •
thyroid glands 67. Diseases of the thymus 68. Diseases of the adrenal glands	4	63	3	67	5
(excluding tuberculosis) 69. Other general diseases— (1) Acidosis	• •	11 17		11	••
(2) Other diseases of metabolism	22	408	48	430	25
IV.—DISEASES OF THE BLOOD AND BLOOD FORMING ORGANS.					
70. Hæmorrhagic conditions— (1) Purpura	•••	8 4	4	8 4	1
71. Anæmia and chlorosis— (1) Pernicious anæmia (2) Splenic anæmia	1	34	13 1	35 7	3
(3) Chlorosis (4) Secondary anæmia (5) Others	248 156	3,317 1,873	276 149	$3,565 \\ 2,029$	237 81
72. Leukæmia—  (1) Leukæmia  (2) Hodgkin's disease  73. Diseases of the spleen—	1	19 14	14	19 15	1
(1) Banti's disease (2) Others (not including diseases of the spleen	• •	17	2	17	••
due to malaria or leukæmia)  74. Other diseases of the blood and		45	4	45	1
blood forming organs	2	26	6	28	2
V.—CHRONIC POISONING.  75. Alcoholism (acute or chronic)	1	289		290	2
76. Chronic poisoning by other organic substances— (1) Opium	9	473	2	482	14
(2) Morphia, cocaine (3) Others 77. Chronic poisoning by mineral substances—		22	2	22	1
(1) Lead poisoning (2) Arsenical dermatitis	5	65 41		70 41	2
Carried forward	0.047	64,918	5,193	71,159	6,508

The form shows in the main the arrangement of diseases in the International Nomenclature, 1931 Edition. To save space the unimportant diseases of any class can be grouped in their places as "Other Diseases" of the class.

* i.e., the year previous to that for which the return is made. † "Total cases treated" will, of course, include those remaining in hospital at the end of the previous year. ‡ The figures in this column to be carried on to the next year's return.

# TABLE 1—(cont.) IN-PATIENTS—(cont.)

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1948—(cont.)

	*Remain-	YEARLY	TOTAL.	†Total	‡Remain-
Diseases.	ing at end of Dec., 1947.	Admis- sions.	Deaths.	cases treated.	ing at end of Dec., 1948.
Brought forward	6,241	64,918	5,193	71,159	6,508
VI.—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.					
78. Encephalitis (not including encephalitis lethargica)— (1) Cerebral abscess	• •	17	13	17	• •
(2) Other forms of ence- phalitis	1	39	25	40	1
culous meningitis or cerebrospinal meningitis)	5 5 5	170 31 55	$\begin{array}{c c} 121 \\ 2 \\ 10 \end{array}$	175 36 60	8
82. Apoplexy and paralysis—  (1) Cerebral hæmorrhage  (2) Cerebral embolism  (3) Cerebral thrombosis  (4) Hemiplegia, cause not	2 1 8	163 11 90	130 8 40	165 12 98	6 1 15
determined (5) Other paralysis 83. General paralysis of the insane 84. Other forms of insanity—	67 20 1	324 190 8	24 13 1	391 210 9	73 29
(1) Dementia præcox (2) Others 85. Epilepsy 86. Infantile convulsions	1,645 $4$ $2$	1,896 250 161	187 14 86	3,541 254 163	$\begin{bmatrix} a & \ddots & & & & & & & & & \\ a & & & 2,151 & & & & & \\ & & & & 16 & & & & \\ & & & & 1 & & & & \end{bmatrix}$
(age under 5 years)  87. Other diseases of the nervous system—  (1) Chorea  (2) Neuritis and neuralgia  (3) Paralysis agitans  (4) Disseminated sclerosis  (5) Neurasthenia  (6) Hysteria	1 43 4 3 3	$\begin{array}{c} 5\\1,213\\21\\10\\246\\77\end{array}$	1 2	$\begin{array}{c} 6\\ 1,256\\ 25\\ 13\\ 249\\ 77 \end{array}$	1 45 6 3 9
(7) Others 88. Diseases of the eye— (1) Conjunctivitis	20 57	350 1,514	4	370 1,571	13 57
(2) Trachoma (3) Corneal ulcer (4) Other diseases of the eye 89. Diseases of the ear and or the mastoid sinus—	$egin{array}{c} 9 \\ 12 \\ 220 \\ - \end{array}$	201 332 2,323	.: 1	210 344 2,543	$egin{array}{c} 20 \\ 13 \\ 266 \\ \end{array}$
(1) Otitis externa (2) Otitis media (3) Mastoiditis (4) Others	2 8 3 4	136 298 82 131	7	138 306 85 135	5 6 8 1
VIJ.—DISEASES OF THE CIRCULATORY SYSTEM.					
90. Pericarditis 91. Acute endocarditis— (1) Malignant		18 5	3	18	••
(2) Others	1	43	8	44	1
(1) Aortic valve disease (2) Mitral valve disease (3) Aortic and mitral (4) Others (3) Diseases of the myocardium—	2 8 3 9	$50 \\ 264 \\ 22 \\ 135$	16 70 8 32	52 272 25 144	8 19 
(1) Acute myocarditis (2) Chronic myocardial	20	275	104	295	20
degeneration	11	265	114	276	19

The form shows in the main the arrangement of diseases in the *International Nomenclature*, 1931 Edition. To save space the unimportant diseases of any class can be grouped in their places as "Other Diseases" of the class.

^{*} i.e., the year previous to that for which the return is made. † "Total cases treated" will, of course, include those remaining in hospital at the end of the previous year. ‡ The figures in this column to be carried on to the next year's return.

a. Cases admitted to Mcntal Hospital.

# Table 1—(cont.) IN-PATIENTS—(cont.)

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1948—(cont.)

	*Remain-	YEARLY	TOTAL.	†Total	‡Remain-	
Diseascs.	ing at end of Dec., 1947.	Admissions.	Deaths.	cases treated.	ing at end of Dec., 1948.	
Brought forward	8,450	76,343	6,249	84,793	9,344	
VII.—DISEASES OF THE CIRCULATORY SYSTEM—(cont.)						
94. Diseases of the coronary arteries—		32	1	32	1	
(1) Angina pectoris (2) Coronary thrombosis (3) Coronary sclerosis	1	32	14 2	33	ī	
95. Other diseases of the heart— (1) Auricular fibrillation	2	92	18	94	8	
(2) Heart block	16	$\begin{array}{c}        0$	3 117	7 299	19	
96. Aneurysm— (1) Ancurysm of aorta		27	8	27	4	
(2) Aneurysm of other arteries		12	2	12		
97. Arterio-sclerosis	6 9	$\begin{array}{c} \overline{70} \\ 66 \end{array}$	8 12	76 75	13	
99. Other diseases of the arteries 100. Diseases of the veins—		14	3	14	••	
(1) Varicose veins (2) Hæmorrhoids	1 44	54 749	• •	55 793	333	
(3) Phlebitis	$\frac{1}{2}$	43	7	44 34	2	
(5) Others	$\overline{3}$	55	2	58	ľ	
(1) Lymphangitis (2) Lymphadenitis	$\begin{array}{c c} & 1 \\ & 12 \end{array}$	119 479		120 491	20	
(3) Bubo (non-specified) 102. Abnormalities of blood pressure—		227	••	235	9	
(1) High blood pressure (2) Low blood pressure	12	364	29	376	19	
103. Other diseases of the circulatory system—						
(1) Epistaxis (2) Others		29 21	2	29 21	••	
VIII.—DISEASES OF THE RESPIRATORY SYSTEM.						
104. Diseases of the nasal fossæ and its	3					
(1) Diseases of the nose (2) Discases of the accessory	13	478	• •	491	10	
nasal sinuses 105. Diseases of the larynx—	3	212	••	215	5	
(1) Laryngismus stridulus (2) Laryngitis	1	11 105	3	11 106		
(3) Other diseases of the larynx		54	3	55		
106. Bronchitis—	66	2,041	17	2,107	55	
(2) Chronic	. 91	1,940	62	2,031	79	
chronic	91	3,015 1,775	18 561	3,106 1,808	67	
108. Lobar-pneumonia	. 79	1,744	225	1,823	40 27	
110. Pleurisy—	19	165	25	184	8	
(2) Other pleurisy	. 36	514	23	550	27	
infarction of lung, etc.—  (1) Hypostatic congestion			1			
of lung (2) Massive collapse		8 1	4 1	8 1		
(3) Pulmonary embolism .	1	12	5 13	$\begin{array}{c c} & 12 \\ 57 \end{array}$	1	
(4) Others	. 145	3,038	39	3,183	127	
113. Pulmonary emphysema		05 201	_	104,479	9,965	
Carried forward .	9,188	95,291	7,660	104,479	3,300	

The form shows in the main the arrangement of diseases in the *International Nomenclature*, 1931 Edition. To save space the unimportant diseases of any class can be grouped in their places as "Other Diseases" of the class.

^{*} i.e., the year previous to that for which the return is made. † "Total cases treated" will, of course, include those remaining in hospital at the end of the previous year. ‡ The figures in this column to be carried on to the next year's return.

#### IN-PATIENTS—(cont.)

Return of Diseases and Deaths for the Year 1948—(cont.)

	*Remain-	YEARLY	TOTAL.	†Total	‡Remain-	
Diseases.	ing at end of Dec., 1947.	Admis- sions.	Deaths.	cases treated.	ing at end of Dec., 1948.	
Brought forward	9,188	95,291	7,660	104,479	9,965	
VIII.—DISEASES OF THE RESPIRATORY SYSTEM—(cont.)		į.				
114. Other diseases of the respiratory system—  (1) Chronic interstitial pneumonia (including occupational diseases of the lung) (2) Gangrene of the lung (3) Abscess of the lung (4) Bronchiectasis		4 3 48 133 230	2 1 16 17 16	4 3 55 139 236	 2 10 5	
IX.—DISEASES OF THE DIGESTIVE SYSTEM.						
115. Diseases of the buccal cavity, pharynx, etc.—  (1) Pyorrhea	7 4 2 16 20 2	179 469 142 38 880 719 41	1 2 1 2 6 9	186 473 144 54 900 721 41	6 10 2 1 13 10 1	
117. Ulcer of the stomach or duodenum—  (1) Ulcer of the stomach (2) Ulcer of the duodenum	32	555 176	49	587 183	49 20	
118. Other diseases of the stomach— (1) Gastritis (2) Others	54 24	1,655 696	6 11	1,709 720	49 18	
119. Diarrhea and enteritis— (under 2 years) 120. Diarrhea and enteritis—	15	1,296	457	1,311	25	
(2 years and over) (1) Colitis	12 57 54	647 2,256 1,107	24 130 30	659 2,313 1,161	9 56 31	
122. Hernia, Intestinal obstruction— (1) Hernia (2) Strangulated hernia (3) Intestinal obstruction (in cluding intussusception)		843 114 139	3 22 70	882 123 144	48 4 5	
123. Other diseases of the intestines— (1) Constipation, intestinal stasis	5	335 7 815	3 14	340 7 828	5 1 9	
124. Cirrhosis of liver—  (non-syphilitic)  (1) Alcoholic  (2) Not returned as alcoholic	1	14 306	3 101	15 331	1 28	
125. Other diseases of the liver— (1) Acute yellow atrophy (2) Toxic hepatitis	. 8	41 219	8 21	41 227	1 8	
(3) Amæbic abscess and hepatitis	33	758 373	54	791 390	33 14	
(1) With cholecystitis (2) Without mention of cholecystitis	f	24	3	18	1 2	
Carried forward	0.000	110,570	8,780	120,239	10,437	

The form shows in the main the arrangement of diseases in the *International Nomenclature*, 1531 Edition. To save space the unimportant diseases of any class can be grouped in their places as "Other Diseases" of the class.

^{*} i.e., the year previous to that for which the return is made. † "Total cases treated" will, of course, include those remaining in hospital at the end of the previous year. ‡ The figures in this column to be carried on to the next year's return.

#### IN-PATIENTS—(cont.)

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1948—(cont.)

	* Remain-	YEARLY	TOTAL.	† Total	‡ Remain-
Diseases.	ing at end of Dec., 1947.	Admis- sions.	Deaths.	cases treated.	ing at end of Dec., 1948.
Brought forward	9,669	110,570	8,780	120,239	10,437
IX.—DISEASES OF THE DIGESTIVE SYSTEM—(cont.)					
127. Other diseases of the gall bladder and ducts—  (1) Cholecystitis without					
record of calculi (2) Others 128. Diseases of the pancreas	3 6	129 145 16	6 16 6	132 151 17	1 8
(excluding diabetes mellitus)  129. Peritonitis, without stated cause		153	80	153	9
X.—DISEASES OF THE GENITO- URINARY SYSTEM (NON- VENEREAL).			•		
130. Acute nephritis	17 35	355 396	57 87	372 431	23 29
<ul><li>132. Nephritis (undefined as acute or chronic)</li><li>133. Other diseases of the kidney and</li></ul>	42	615	78	657	44
annexa— (1) Pyelitis	15 8	436 273	9 16	451 281	12 12
134. Calculi of the urinary passages— (1) Calculi of the kidney and ureter	5 2	130 118	3 1	135 120	3 5 2
(3) Calculi of unstated site  135. Diseases of the Bladder— (1) Cystitis	11	310	8	321 132	7 3
(2) Others  136. Diseases of the urethra—  (1) Stricture	11	130 290		301	19
(2) Others 137. Diseases of the prostate 138. Diseases of the male genital organs—	11 3	351 112	8	362 115	3 7
(1) Epididymitis	1 1 4 17	69 192 299 314	• •	70 193 303 331	8 11 6
organs— (1) Diseases of the ovary (2) Diseases of the fallopian	4	135	4	139	3
tube (3) Diseases of the para-	9	254	3	263	3
metrium (4) Diseases of the uterus (5) Diseases of the breast (6) Other diseases of the	29 2	45 725 195	8	45 754 197	20
female genital organs	16	651	2	667	15
XI.—CONDITIONS ARISING IN PREGNANCY, CHILDBIRTH AND THE PUERPERAL STATE.					
140. Post abortive sepsis— (1) Septic abortion 141. Abortion not returned as septic— (1) Hamorrhage following	1	44	7	45	2
(1) Hæmorrhage following abortion (2) Abortion without	5	347	2	352	9
record of hæmorrhage 142. Ectopic gestation 143. Other accidents of pregnancy	24 7 44	1,069 127 1,061	1 8 7	1,093 134 1,105	27 1 55
Carried forward	10,005	120,083	9,198	130,088	10,790

The form shows in the main the arrangement of diseases in the International Nomenclature, 1931 Edition. To save space the unimportant diseases of any class can be grouped in their places as "Other Diseases" of the class.

* i.e., the year previous to that for which the return is made. † "Total cases treated" will, of course, include those remaining in hospital at the end of the previous year. ‡ The figures in this column to be carried on to the next year's return.

# TABLE 1—(cont.) IN-PATIENTS—(cont.)

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1948—(cont.)

	* Remain-	YEARLY	TOTAL.	† Total	‡ Remain
Diseases.	ing at end of Dec., 1947.	Admis- sions.	Deaths.	cases treated.	ing at end of Dec., 1948.
Brought forward	10,005	120,083	9,198	130,088	10,790
XI.—CONDITIONS ARISING IN PREGNANCY, CHILDBIRTH AND THE PUERPERAL STATE—(cont.)					
144. Puerperal hæmorrhage— (1) Placenta prævia	, ,	141	32	142	3
(2) other puerperal hæmorrhage	-	230	62	233	4
145. Puerperal sepsis— (1) Puerperal septicæmia		42	10	42	
(2) Puerperal sepsis, not including septicæmia	3	170	5	173	3
146. Puerperal albuminuria and convulsions—	1	1.0			1
(1) Ante-partum eclampsia (2) Intra-partum eclampsia	2	110 10	30	112	5
(3) Post-partum eclampsia (4) Albuminuria of		35	10	35	3
pregnancy	1	156 18	4	157 18	3
(5) Pyelitis of pregnancy (6) Otherwise defined	4	107	7	111	• •
147. Other Toxæmias of pregnancy— (1) Hyperemesis gravi-				07	
darum (2) Others	1 3	86 179	26	87 182	4
148. Puerperal phlegmasia, embolism— (1) Puerperal phlegmasia		5		5	• •
(2) Puerperal embolism 149. Conditions associated with	• •	• •	• •	• •	• •
Labour— (1) Normal labour	476	25,239		25,715	520
(2) Abnormal labour (3) Labour complicated with	28	1,798	29	1,826	35
intercurrent disease (4) Accidents of childbirth	13 14	1,346 $229$	14 16	1,359 243	$\begin{array}{c} 7 \\ 10 \end{array}$
150. Other or unspecified conditions of the puerperal state—					
(1) Puerperal insanity (2) Puerperal disease of the	• •	12	• •	12	1
breast	6	7 77	3	7 83	• •
(3) Others XII.—DISEASES OF THE SKIN	0	"	9	00	
AND CELLULAR TISSUES.					
151. Carbuncle, boil	22	632	1	654	24
152. Cellulitis, acute abscess— (1) Cellulitis	78	1,660	41	1,738	61 172
(2) Acute abscess	$\begin{array}{c} 129 \\ 25 \end{array}$	$\begin{array}{c} 3,799 \\ 579 \end{array}$	16	3,928 604	8
153. Other diseases of the skin and its annexa—		4 500	10	7.000	405
(1) Ulcers (2) Dermal mycoses	527 23	$\begin{array}{c} 6,503 \\ 455 \end{array}$	13	7,030	425 14
(3) Herpes (4) Scabies	$\begin{bmatrix} 2\\104 \end{bmatrix}$	$\begin{array}{c} 208 \\ 2,200 \end{array}$	1	210 2,304	10 85
(5) Others	143	4,116	5	4,259	169
XIII.—DISEASES OF THE BONES AND ORGANS OF LOCOMOTION.					
154. Acute infective ostcomyelitis and		0.00	-	905	22
periostitis	17 41	$\begin{array}{c} 268 \\ 534 \end{array}$	. 3	285 575	37
156. Diseases of the joints and other organs of locomotion—				7.010	50
(1) Diseases of the joints (2) Diseases of the other	58)	990	- 2	1,048	70
organs of locomotion	21	874	• • • • • • • • • • • • • • • • • • • •	895	26
Carried forward	11,750	172,898	9,538	184,648	12,511

The form shows in the main the arrangement of diseases in the *International Nomenclature*, 1931 Edition. To save space the unimportant diseases of any class can be grouped in their places as "Other Diseases" of the class.

^{*} i.c., the year previous to that for which the return is made. † "Total cases treated" will, of course, include those remaining in hospital at the end of the previous year. † The figures in this column to be carried on to the next year's return.

# Table 1—(cont.)IN-PATIENTS—(cont.)

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1948—(cont.)

	*Remain-	YEARLY	TOTAL.	†Total	‡Remain
Diseases.	ing at end of Dec., 1947.	Admis- sions.	Deaths.	cases treated.	ing at end of Dec., 1948.
Brought forward	11,750	172,898	9,538	184,648	12,511
XIV.—CONGENITAL MALFORMATIONS.					
57. Congenital malformations— (1) Congenital hydrocephalus (2) Spina bifida and	1	32	16	33	2
meningocele (3) Congenital malformation	• •	10	4	10	
of the heart		$\begin{array}{c} 26 \\ 1 \end{array}$	12	26	
(4) Monstrosities (5) Congenital hypertrophic pyloric stenosis		4		4	
(6) Cleft palate, harelip (7) Imperforate anus	4	104 37	1 18	108 37	
(8) Other congenital malformations	$oxed{2}$	102	24	104	
XV.—DISEASES OF EARLY INFANCY.					
58. Congenital debility 59. Premature birth 60. Injury at birth	9	$172 \\ 1,055 \\ 35$	62 602 23	173 1,064 35	1
61. Other diseases peculiar to early infancy— (1) Atelectasis		78	59	78 54	
(2) Icterus neonatorum (3) A ffections of the	1	54	31	61	•••
umbilicus (4) Pemphigus neonatorum (5) Others	12	61 9 473	152	9 485	•••
XVI.—Conditions Associated with Old Age.					
62. (1) Senile dementia	5 518	85 1,131	10 293	90 1,649	52
XVII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.			1		
63. Suicide, or attempted suicide, by poisoning (including corrosive poisoning)		73	33	74	
64. Suicide, or attempted suicide, by	1				• • •
65. Suicide, or attempted suicide, by hanging or strangulation		18	Q	18	
66. Suicide, or attempted suicide, by drowning		7		7	
67. Suicide, or attempted suicide, by firearms		3	1	3	•
68. Suicide, or attempted suicide, by cutting or piercing instruments	$ \mathbf{s} $	34	6	36	
69. Suicide, or attempted suicide, by jumping from a height		9	5	9	
170. Suicide, or attempted suicide, by crushing				••	
71. Suicide, or attempted suicide, by other means		11	4	11	
172. Infanticide	2	470	70	472	
piercing instruments 175. Assault or homicide, by othe	. 10	373	22	383	
means	29	1,286	9	1,315	
(1) Snake bite	6	230 110		236 111	-
(3) Others	e e	175			
Carried forward .	. 12,359	179,166	11,032	191,525	13,1

The form shows in the main the arrangement of diseases in the International Nomenclature, 1931 Edition. To save space the unimportant diseases of any class can be grouped in their places as "Other Diseases" of the class.

• i.e., the year previous to that for which the return is made. † "Total cases treated" will, of course, include those remaining in hospital at the end of the previous year. ‡ The figures in this column to be carried on to the next year's return.

## IN-PATIENTS—(cont.)

	*Remain-	YEARLY	TOTAL.	†Total	tRemain-
Diseases.	ing at end of Dec., 1947.	Admissions.	Deaths.	cases treated.	ing at end of Dec., 1948.
Brought forward	12,359	179,166	11,032	191,525	13,191
XVII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES—(cont.)			•		
177. Food poisoning	• •	66	2	66	• •
able or poisonous gas 179. Other acute accidental poisoning 180. Injuries due to conflagration 181. Accidental burns—	1	$16\frac{3}{1}$	14	163 1	8
(Conflagration excepted) (1) Burns by fire (2) Scalds	24 14	473 490	46 20	497 504	18 26
(3) Burns by corrosive substances	2 $ $	50	2	52	1
(4) Dermatitis due to exposure to sun (5) Dermatitis due to	1	101		102	6
exposure to other forms of radiation 182. Accidental mechanical suffocation 183. Accidental immersion or drowning	,	12 1 6	1	12 1 6	
184. Accidental injury by firearms 185. Accidental injury by cutting or	2	175	22	177	15
piercing instruments	43	1,714	4	1,757	37
(1) By fall	17 55 7	4,896 289 1,673 68 5,562	74 5 112 2 58	5,085 306 1,728 75 5,807	233 6 70 5 147
187. Cataclysm— (tidal waves, cyclones, etc.) 188. Injury by animals (except poisoning by venomous	30	<b>6</b> 16	4	646	13
animals)  189. Hunger or thirst		3 1 9 6 10	3	3 1 9 6 10	• •
violence—  (1) Inattention at birth (2) Others  195. Violence of an unstated nature (i.e., suicidal, homicidal, or	$\cdot$ 2	136 70	1 3 3	7 138 70	6
accidental) 196. Wounds of war 197. Execution of civilians by bel-		1	• •	1	• •
ligerent armies		• •		•••	• •
XVIII.—ILL-DEFINED CONDITIONS					
199. Sudden death (cause unknown). 200. Cause of death unstated or ill defined		1 107	1 107	1 107	••
201. Diseases not included in thi classification which have	e		107		188
caused no deaths	. 2 r	3,853		3,978	166
observation as to menta condition 204. Cases admitted for observation (not mental)	. 103	928 5,322	3	1,031 5,673	120 390
Total . 205. Persons accompanying patients.		206,017 9,098		219,589 9,310	14,460
GRAND TOTAL .	70.704	215,115		228,899	14,649

The form shows in the main the arrangement of diseases in the International Nomenclature, 1931 Edition. To save space the unimportant diseases of any class can be grouped in their places as "Other Diseases" of the class.

• i.e., the year previous to that for which the return is made. † "Total cases treated" will, of course, include those remaining in hospital at the end of the previous year. ‡ The figures in this column to be carried on to the next year's return.

# TABLE 1—(cont.) IN-PATIENTS—(cont.)

### RETURN OF DISEASES AND DEATHS FOR THE YEAR 1948—(cont.)

							Remaining	YEARLY	TOTAL.	Total	Remaining
<i>u,</i>	Nationalities.			at end of Dec., 1947.		Admis- sions.	Deaths.	cases treated.	at end of Dec., 1948.		
Europeans					• •		70	2,380	41	2,450	61
Eurasians							59	1,178	35	1,237	65
Chinese	• •				• •		7,623	86,385	7,625	94,008	8,291
Indians							3,403	72,013	2,644	75,416	3,153
Malays		• •					2,281	41,890	1,046	44,171	2,747
Javanese							111	1,406	96	1,517	95
Japanese				• •				13	1	13	• •
Others					• •		25	752	33	777	48
					TOTAL		13,572	206,017	11,521	219,589	14,460
Persons acc	comp	anying	patien	ts	• •		212	9,098	• •	9,310	189

#### SUMMARY ACCORDING TO MEN, WOMEN AND CHILDREN.

				Remaining	YEARLY	TOTAL.	Total	Remaining
		 		at end of Dec., 1947.	Admis- sions.	Deaths.	cases treated.	at end of Dec., 1948.
Men .	• • • •	 		 9,063	111,898	5,776	120,961	9,534
Women .		 	• •	 3,632	71,344	2,154	74,976	4,034
Children (1	to 10 years)	 		 659	13,331	1,196	13,990	695
Infants (und	ler 1 year)	 		 218	9,444	2,395	9,662	197
			TOTAL	 13,572	206,017	11,521	219,589	14,460

#### SUMMARY ACCORDING TO HOSPITALS AND AVERAGE DAILY NUMBER OF PATIENTS.

				Remaining	YEARLY	TOTAL.	Total	Remaining	Average	No of
	Hospita	ls.		at end of Dec., 1947.	Admis- sions.	Deaths.	cases treated.	at end of Dec., 1948.	Daily No. of Patients.	No. of Beds.
1.	Kedah	• •		859	20,463	790	21,322	761	821	1,120
2.	Perlis			109	2,738	106	2,847	81	102	150
3.	Penang and Wellesley	l Pro	ovince • •	1,225	23,160	1,331	24,385	1,619	1,701	1,583
4.	Perak			1,990	44,883	2,569	46,873	1,833	2,081	2,886
5.	Selangor	• •		1,486	29,459	1,829	30,945	1,481	1,552	1,804
6.	Negri Semb	ilan		839	20,441	977	21,280	1,005	974	1,123
7.	Malacca			551	8,262	593	8,813	516	554	593
8.	Johore			1,713	29,492	1,897	31,205	1,966	1,942	2,741
9.	Kelantan			308	6,206	249	6,514	333	299	428
10.	Trengganu			253	4,200	154	4,453	222	241	301
11.	Pahang			566	14,481	771	15,047	616	626	817
12.	Sungei Bul ment	oh S	Settle-	2,049	388	72	2,437	1,888	1,859	2,300
13.	C. M. H., Rambuta		njong	1,624	1,844	183	3,468	2,139	1,846	3,000
	, 1	COTA	I,	13,572	206,017	11,521	219,589	14,460	14,598	. 18,846

TABLE 2.

MALARIA ADMISSIONS BY STATES AND MONTHS FOR 1948.

1												1
Dec.	136	33	142	343	69	208	44	207	92	48	122	1,428
Nov.	146	36	160	412	78	178	09	216	69	29	161	1,545
October.	140	17	143	386	64	147	39	233	89	34	164	1,435
Sept.	180	17	139	462	71	155	62	221	45	30	172	1,544
August.	179	22	192	487	09	167	09	195	74	27	178	1,641
July.	247	17	191	449	75	131	99	218	69	21	181	1,665
June.	336	34	199	504	105	214	67	179	88	40	275	2,041
May.	365	38	201	501	119	310	69	223	89	37	261	2,182
April.	262	24	136	424	106	195	57	193	89	27	199	1,691
March.	196	20	124	430	81	171	47	152	% 8	18	213	1,510
Feb.	200	43	81	367	100	165	40	163	63	21	149	1,392
Jan.	185	29	92	372	100	176	34	188	63	29	177	1,445
	:	•	sley	•	:	:	•	:	•	•	•	•
Settlement.	•	:	Wellesley	:	:	:	:	•	•	•	•	Total
State or Sett	ah	is :	Penang and P.	M	Selangor	Negri Sembilan	Malacca	ore	Kelantan	Trengganu	Pahang	
	Kedah	Perlis	Pen	Perak	Sela	Neg	Mal	Johore	Kel	Tre	Pal	

TABLE 3.
SURGICAL OPERATIONS FOR 1948.

S	State or S	Settl <b>e</b> n	nent.		C	peration	s.	Deaths.
Kedah	• • •	• • •	••	• • •	•••	1,571		13
Perlis	`		• • •	• • •	• • •	396	• • •	1
Penang ar	nd Pro	vince	Welles	ley	•••	1,901		50
Perak	• • •	• • •	•••	•••	• • •	9,851		71
Selangor	• • •		• • •	•••	•••	4,468	• • •	42
Negri Sen	nbilan		• • •	• • •	• • •	1,864	• • •	9
Malacca	•••	• • •	• • •	• • •	• • •	941	• • •	14
Johore	•••	• • •	• • •	• • •	• • •	5,988	•••	40
Kelantan	• • •	• • •	• • •	• • •	• • •	817	•••	14
Trengganu		• • •	• • •	• • •	• • •	262	• • •	
Pahang		• • •	• • •	•••	••	867	•••	10
				Total		28,926	•••	264 -—

TABLE 4.

OPHTHALMIC PATIENTS FOR 1948.

	· · · · · · · · · · · · · · · · · · ·					_,	1010.		
State or Se	ettlemen	t.	Eye diseases proper.	Eye injuries.	Refrac-	General diseases affecting eyes.	Disor- ganised eyes.	Total.	Opera- tions.
Kedah	• •		2,841	131	283	46	42	3,343	382
Perlis	• •	• •	82	• •				82	
Penang and	Provi	n c e							
Wellesley	• •	• •	1,955	192	410	576	29	3,162	195
Perak	• •		8,057	402	1,083	85	46	9,673	702
Selangor	• •	• •	4,422	431	743	375	47	6,018	560
Negri Sembil	an	• •	2,041	17	307		8	2,373	70
Malacca	• •	• •	134	33	377	8	10	562	13
Johore	• •	• •	1,602	63	2,007	152	1	3,825	286
Kelantan	• •	• •	1,091	2	50		• •	1,143	4
Trengganu	• •	• -	<b>1</b> ,841	• •	• •		••	1,841	
Pahang	• •	• .	91	2	115	30	••	238	
	Total	1	24,157	1,273	5,375	1,272	183	32,260	2,212
						1			

Table 5.

# SUMMARY OF OUT-PATIENTS TREATED IN EACH STATE AND SETTLEMENT FOR 1948.

(Excluding those who were treated at Infant Welfare Centres, School Inspections and Special Clinics.)

Hospitals and Dispensaries.	Adult Males.	Adult Females.	Children under 10 years.	Total.
KEDAH.				
At Hospitals and Dispensaries By Travelling	78,801	44,727	47,182	170,710
Dispensaries	12,815	4,880	5,497	23,192
Total	91,616	49,607	52,679	193,902
PERLIS.				
At Hospitals and Dispensaries By Travelling	11,990	5,842	7,642	25,474
Dispensaries	1,910	800	1,560	4,270
Total	13,900	6,642	9,202	29,744
PENANG AND P. WELLESLEY.				
At Hospitals and Dispensaries By Travelling	45,315	29,829	26,751	101,895
Dispensaries	21,357	9,924	27,944	59,225
Total	66,672	39,753	54,695	161,120
PERAK.			•	
At Hospitals and Dispensaries By Travelling Dispensaries:	135,963	66,889	65,006	267,858
1. Road	47,561 $554$	21,485	24,081 370	93,127 $1,257$
Z. River	184,078	88,707	89,457	362,242

Table 5—(cont.)

# SUMMARY OF OUT-PATIENTS TREATED IN EACH STATE AND SETTLEMENT FOR 1948—(cont.)

(Excluding those who were treated at Infant Welfare Centres, School Inspections and Special Clinics)—(cont.)

Hospitals and Dispensaries.	Adult Males.	Adult Females.	Children under 10 years.	Total.
SELANGOR.				
At Hospitals and Dispensaries	96,786	50,687	48,567	196,040
By Travelling Dispensaries	20,555	9,585	9,753	39,893
Total	117,341	60,272	58,320	235,933
•	=			
NEGRI SEMBILAN.				
At Hospitals and Dispensaries	52,388	25,287	24,992	102,667
By Travelling Dispensaries	25,076	15,584	16,506	57,166
Total	77,464	40,871	41,498	159,833
MALACCA.			-	
At Hospitals and Dispensaries	20,965	9,938	10,550	41,453
By Travelling Dispensaries	9,560	7,817	10,867	28,244
Total	30,525	17,755	21,417	69,697
JOHORE.				
At Hospitals and Dispensaries By Travelling	62,150	17,666	23,034	102,850
Dispensaries: 1. Road	27,855 7,204	14,664 2,806	32,806 2,994	75,325 13,004
Total	97,209	35,136	58,834	191,179

# SUMMARY OF OUT-PATIENTS TREATED IN EACH STATE AND SETTLEMENT FOR 1948—(cont.)

(Excluding those who were treated at Infant Welfare Centres, School Inspections and Special Clinics)—(cont.)

Hospitals and Dispensaries.	Adult Males.	Adult Females.	Children under 10 years.	Total.
KELANTAN.  At Hospitals and				
Dispensaries By Travelling Dispensaries:	59,968	30,342	31,215	121,525
1. Road	33,972 1,277	23,973 764	54,001 809	111,946 2,850
Total	95,217	55,079	86,025	236,321
TRENGGANU.				_
At Hospitals and Dispensaries By Travelling	40,449	15,351	24,229	80,029
Dispensaries	30,152	15,746	25,011	70,909
Total	70,601	31,097	49,240	150,938
PAHANG.				
At Hospitals and Dispensaries By Travelling	60,976	31,843	38,760	131,579
Dispensaries: 1. Road	20,897 1,062	11,212 710	18,428 212	50,537 1,984
Total	82,935	43,765	57,400	184,100

Table 6.
OUT-PATIENTS.

	New Cases. All Nationalities (including Europeans).  New Cases Europeans of							
Diseases.	Adult Males.	Adult Females.	Children under 10 years.	Total.	Adult Males.	Adult Females.	Children under 10 years.	Total.
				•				
I.—Infectious and Parasitic Diseases.			•		,			
1. Typhoid fever	18	$\frac{2}{7}$	1	21		• •	••	::
<ul> <li>(1) Typhus exanthematicus</li> <li>(2) Tropical typhus</li> <li>(3) Japanese river fever</li> <li>(4) Other rickettsia infec-</li> </ul>	3	• •	1 	4	1	••	1	2
tions	28	30	60	118		••	• •	
7. Measles	11	10  17 3		165 1,238 26		••	1	
11. Influenza—  (1) with pneumonia  (2) with other respiratory  complications	1 4 400	78 2,551	218 3,172	524	3	••	1 2	3 17
(3) without respiratory complications								
(1) Amæbic (2) Bacillary (3) Mixed (4) Undefined or due to	688 487				4		1	6 5
other causes  14. Plague—  (1) Bubonic (2) Pneumonic	1 7710	870	939	3,521	16	• •	2 3	21
(3) Septicæmic		14	 18	57	• •	• •	•••	• •
(1) Acute poliomyelitis (2) Acute policencephalitis 17. Encephalitis lethargica	1	• •	3	• •	••	••		:: 1
18. Cerebro-spinar rever  19. Glanders  20. Anthrax  21. Rabies  22. Tetanus—			•••	1	••	••		
(1) Tetanus of the newly born	••	1	5 4	5 5		••	.:	••
system	3,045	937	33	4,015	1	• •	1	2
peritoneum	$\begin{vmatrix} & 5 \\ 1 & 2 \end{vmatrix}$	3 5				••		••
joints	r 4	3	19	26 12		••		••
system (abdominal and bronchial glands excepted).  30. Tuberculosis of the genito	41	22	8	71	• •	• •		••
31. Tuberculosis of other organs— (1) Adrenal (2) Other sites	1 0	6	4	38	• •		••	••
Carried forward .	51,218	19,825	24,876	95,919	400	13	$1 \mid 104$	635

The form shows in the main the arrangement of diseases in the International Nomenclature, 1931 Edition. To save space the unimportant diseases of any class can be grouped in their places as "Other Diseases" of the class.

# OUT-PATIENTS—(cont.)

RETURN OF DISEASES FOR THE YEAR 1948—(cont.)										
	All Natio	New Cases. All Nationalities (including Europeans).				New Cas Europeans				
Diseases.	Adult Males.	Adult Females.	Children under 10 years.	Total.	Adult Males.	Adult Females.	Children under 10 years.	Total.		
Brought forward	51,218	19,825	24,876	95,919	400	131	104	635		
I.—INFECTIOUS AND PARASITIC DISEASES—(cont.)										
32. Tubereulosis disseminated—  (1) Acute	(			12	• •	• •	••	• •		
33. Leprosy 34. Syphilis— (1) Primary	1,545	13	1	58 1,897	11	• •		11		
(2) Secondary (3) Tertiary (4) Hereditary (5) Period not indicated 35. Other venereal diseases—	3,676 991  258		261	4,957 1,453 261 390	7 2	••		7 2		
(1) Soft chancre (2) Gonorrhea and its complications	917 4,254	38 918		955 5,172	10 66	2		10 68		
(3) Gonorrheal ophthalmia (4) Gonorrheal arthritis (5) Granuloma venereum (6) Tropical bubo	117 786 12 259	63	4	184 1,070 12 259	1	••		1 3		
36. Purulent infective septicæmia— (1) Septicæmia	103	36 2	25 3	164 6	5	2		7		
37. Yellow fever	3,913 181	1,559 67	1,438 63	6,910 311	12			16		
(3) Aestivo-autumnal (Subtertian) (4) Mixed infections	3,692	1,459		6,619 254	10	3		13		
(5) Unclassified (6) Cachexia (7) Blackwater fever 39. Other diseases due to protozoa-	6,477	28,748 3,426		$125,\!563 \\ 12,\!470 \\ 1$	95	24 3	.  8	127		
(1) Yaws (frambœsia) (2) Spirochætosis icterohæ- morrhagica	27,078	19,410	15,490	61,978						
(3) Leishmaniasis (dermal) (4) Kala azar (5) Other diseases	4 500	$\begin{array}{c} \ddots \\ \ddots \\ 22 \\ 2,520 \\ 2 \end{array}$	3,167	 50 10,275 8	  1 28	12		1 47		
42. Other diseases due to helminths—			• •	8	••	• •	••	• •		
Cestodes.  (1) Tænia solium	55 1 24			77 1 36	1 .:	••	• •	1		
Nematodes.  (4) Filaria	83 11,785 11 64 8	$\begin{array}{ c c c } & 9,994 \\ & 61 \\ & 222 \end{array}$	115 426	114 64,153 187 712 94	48	44				
Trematodes.  (9) Schistosomumjaponicum (10) Clonorchis sinensis (11) Other helminths (12) Undefined	1,111	2 904 81		$\begin{array}{c} \cdot \cdot \\ 2 \\ \cdot \cdot \cdot \\ 6,779 \\ 129 \end{array}$	12		1	20		
(2) Actinomycosis (3) Other mycotic infections excluding purely derma mycosis		$\frac{1}{2}$	2	38	• •	• •	• •	1		
Carried forward .	100.040			409,534		233	240	1,193		

## OUT-PATIENTS—(cont.)

RETURN	DISE	New Ca		EAR I	)±0(,00	New Cas		0
Diseases.	All Natio	onalities (incl	uding Eur	opeans).		Europeans		
	Adult Males.	Adult Females.	Children under 10 years.	Total.	Adult Males.	Adult Females.	Children under 10 years.	Total.
Brought forward I.—INFECTIOUS AND PARASITIC	190,846	92,014	126,674	409,534	720	233	240	1,193
DISEASES—(cont.)  44. Other infectious or parasitic diseases— (1) Vaccinia including post								
vaccinal encephalitis (2) Other sequelæ of vaccination	31	14	941	986		. 1	13	14
(4) Varicella (chicken-pox) (5) Mumps and its compli-	236			835	••		7	7
cations (6) Dengue (7) Melioidosis	469 22	111	323 5	903 31	3	• •	1	4
(7) Menoidosis (8) Myiasis (9) Glandular fever	• •	• •	• •	• •	• •	••	•••	• •
(10) Others (11) Pyrexia of unknown	• •		•••	••	• •			• •
orlgin	293	155	407	855	2	••	26	28
II.—CANCER AND OTHER TUMOURS.								
45. Cancer or other malignant diseases of the buccal cavity								
and pharynx 46. Cancer or other malignant	14 	11	• •	25	• •	••	••	• •
tumours of the digestive organs and peritoneum—	25	5		30				
(1) Stomach (2) Liver (primary) (3) Other digestive organs	14 41	5		19 62	 1 1	••		1 1
47. Cancer or other malignant tumours of the respiratory								
organs	3			6	• •	• •	••	••
tumours of the uterus 49. Cancer or other malignant tumours of other female		26	••	26	• •			••
genital organs		44		44	••	••	••	••
tumours of the breast 51. Cancer or other malignant	• •	30	• •	30	••	• •	••	• •
tumours of the male genito- urinary organs	5	• •		5	• •	• •	• •	• •
52. Cancer or other malignant tumours of the skin 53. Cancer or other malignant	5	5	• •	10	• •	• •	••	• •
tumours of organs not specified		17	• •	50		••		
54. Tumours non-malignant— (1) Of female genital organs		6		6	٠. و	• •		5
(2) Of other sites 55. Tumours of undetermined nature—	145	95	20	260	5	• •	••	3
(1) Female genital organs (2) Other sites	41	11 14	3	11 58	1	• •	• •	1
III.—RHEUMATISM, DISEASES OF NUTRITION AND OF ENDOCRINE GLANDS AND OTHER GENERAL DISEASES.								
56. Rheumatic fever— (1) With cardiac involvement						••		
(2) Without cardiac involvement						••		••
57. Chronic rheumatism and osteoarthritis	8,735	4,715		13,450	39	10	• •	49
58. Gout	200 072		128,876	$\frac{21}{427,257}$	$\frac{2}{775}$	244	293	$\frac{2}{1,312}$
Carried forward	200,972	97.409	[ 120,870	421,231		244	493	

### 

Diseases.	New Cases. All Nationalities (including Europeans).				,	New Cases. Europeans only.			
Discussion.	Adult Males.	Adult Females.	Children under 10 years.	Total.	Adult Males.	Adult Females.	Children under 10 years.	Total.	
Brought forward  III.—RHEUMATISM, DISEASES OF NUTRITION AND OF ENDOCRINE GLANDS AND OTHER GENERAL DISEASES—(cont.)		97,409	128,876	427,257	775	244	293	1,312	
<ul> <li>59. Diabetes (not including diabetes insipidus)</li> <li>60. Scurvy (including Barlow's disease)</li> <li>61. (1) Beri-beri including epidemic dropsy</li> </ul>	341  2,487	130  1,659		471  4,364				2	
(2) Beri-beri associated with pregnancy or labour 62. Pellagra	3	379 1 	162	379 4 162	••	••	••	•••	
parathyroid glands— (1) Simple goitre (2) Exophthalmic goitre (3) Myxædema, cretinism (4) Tetany (5) Other diseases of the thyroid glands	44 2 8 3	109 18 1 2 57		156 21 9 6	••	  2		1  3	
67. Diseases of the thymus 68. Diseases of the adrenal glands (excluding tuberculosis) 69. Other general diseases— (1) Acidosis	5	1,997	2  1,267	10  5,730		23			
IV.—DISEASES OF THE BLOOD AND BLOOD FORMING ORGANS.		2,000	<b>-,-</b>	<b>0,1</b> 00			_		
70. Hæmorrhagic conditions— (1) Purpura (2) Hæmophilia 71. Anæmia and chlorosis— (1) Pernicious anæmia	ð	12	1 4	$\begin{array}{c} 1 \\ 25 \\ \end{array}$	• •	• •	1	1	
(2) Splenic anæmia (3) Chlorosis (4) Secondary anæmia (5) Others 72. Leukæmia— (1) Leukæmia	14,130 7,823	18,565 10,114	5,290 2,827	37,985 20,764	39 33	92 59	12 7	143 99	
(2) Hodgkin's disease  73. Diseases of the spleen— (1) Banti's disease (2) Others (not including diseases of the spleen due to malaria or legislation.	2			• •	••		••	••	
leukæmia) 74. Other diseases of the blood and blood forming organs  V.—CHRONIC POISONING.	33		. 2	39		••		••	
75. Alcoholism (acute or chronic) 76. Chronic poisoning by other organic substances— (1) Opium	224 213	9	• • •	225	8			8	
(3) Others 77. Chronic poisoning by mineral substances— (1) Lead poisoning (2) Arsenical dermatitis	9	1		11  12 17	••	• •	•••	• •	
(3) Others	$\frac{6}{228,820}$	130,478	138,672	497,970	868	423	332	1,623	

## OUT-PATIENTS—(cont.)

RETURN (	OF DISE	ASES FOR	THE J						
	All Natio	New Ca nalities (incl	scs. uding Eur	opeans).	ns). New Cases. Europeans only.				
Diseases.	Adult Males.	Adult Females.	Children under 10 years.	Total.	Adult Malcs.	Adult Females.	Children under 10 years.	Total.	
Brought forward	228,820	130,478	138,672	497,970	868	423	332	1,623	
VI.—DISEASES OF THE NERVOUS		100,110	100,012	101,010					
SYSTEM AND SENSE ORGANS.									
78. Encephalitis (not including encephalitis lethargica)— (1) Cerebral abscess (2) Other forms of encepha-		••	• •	••	••	,	• •		
litis 79. Meningitis (not including		• •	• •	• •	••	••	••	••	
tuberculous meningitis or cerebro-spinal meningitis)		• •	2	2	••	• •	••	••	
80. Tabes dorsalis (Locomotor ataxia) 81. Other diseases of the spinal	2	5	• •	7	• •	• •		••	
cord 82. Apoplexy and paralysis—	14	4	• •	18	••	• •	••	••	
(1) Cerebral hæmorrhage (2) Cerebral embolism	4	2		6		• •	••	• •	
(3) Cerebral thrombosis (4) Hemiplegia, cause not	8	• •	••	8		• •	••	••	
determined (5) Other paralysis	181 98	$\begin{array}{c c} 51 \\ 23 \end{array}$	9	$\frac{232}{130}$		• •	••	1	
83. General paralysis of the insane 84. Other forms of insanity—	•	• •	• •	• •	••	• •	••		
(1) Dementia præcox (2) Others	15			$\begin{array}{c} \cdot \cdot \cdot \\ 27 \\ 329 \end{array}$		••		$\frac{1}{2}$	
85. Epilepsy 86. Infantile convulsions (age under 5 years)			108			••		• •	
87. Other diseases of the nervous system— (1) Chorca			•	•••				410	
<ul><li>(2) Neuritis and neuralgia</li><li>(3) Paralysis agitans</li></ul>	21,947		1,056	3		167	••	416	
(4) Disseminated sclerosis	588 588	286		$\begin{bmatrix} 2\\874\\63\end{bmatrix}$	25	11		36	
(6) Hysteria (7) Others 88. Diseases of the eye—	2,282	$\begin{vmatrix} 63\\1,154 \end{vmatrix}$		3,574		31	1	82	
(1) Conjunctivitis	946			$38,679 \\ 842$		22	24 24	1 <b>1</b> 5	
(3) Corneal ulcer	342	158	73	573	1	30	6	$\frac{1}{89}$	
89. Diseases of the ear and or the mastoid sinus—								100	
(1) Otitis externa (2) Otitis media	2,723	1,218	2,884	6,825	69		6		
(3) Mastoiditis (4) Others	0 700	$\begin{bmatrix} 16\\1,122\end{bmatrix}$				25	6	130	
VII.—DISEASES OF THE CIRCULATORY SYSTEM.		1							
90. Pericarditis	. 16	5		21		••	••	••	
(1) Malignant (2) Others	. 2		2	19		••	••		
92. Chronic endocarditis : valvula disease—	1								
(1) Aortic valve disease . (2) Mitral valve disease .	. 24	52	4	29 105 4	1			1	
(3) Aortic and mitral . (4) Others	: 110		5	1		••		1	
(1) Acute myocarditis (2) Chronic myocardia	. 116	55	. 2	171	••		••	••	
degeneration	1 100	81		269	-			1	
Carried forward .	. 287,676	159,532	161,409	608,617	1,568	75	387	2,709	

# TABLE 6—(cont.)

## OUT-PATIENTS—(cont.)

				-	,				
	All Natio	New Ca onalities (incl		opeans).	New Cases. Europeans only.				
Diseases.	Adult Males.	Adult Females.	Children under 10 years.	Total.	Adult Males.	Adult Females.	Children under 10 years.	Total.	
Brought forward VII.—DISEASES OF THE	287,676	159,532	161,409	608,617	1,568	754	387	2,709	
CIRCULATORY SYSTEM—(cont. 94. Diseases of the corona									
arteries— (1) Angina pectoris (2) Coronary thrombosis	24			· 26	1	• •	• •	1	
(3) Coronary sclerosis  95. Other diseases of the heart—  (1) Auricular fibrillation	8			$\begin{array}{c} 2 \\ 74 \\ 12 \end{array}$	••	• •	1 • •	• •	
(2) Heart block (3) Others 96. Aneurysm—	235	255	7	$\begin{array}{c} 13\\497\\ \end{array}$	2	7	• •	8	
(1) Aneurysm of aorta (2) Aneurysm of ot arteries 97. Arterio-sclerosis		. 1		5 94		• •	••	• •	
98. Gangrene 99. Other diseases of the arterie 100. Diseases of the veins—	10		4	10		• •	•••	• •	
(1) Varicose veins (2) Hæmorrhoids (3) Phlebitis (4) Thrombosis (5) Others	117 1,484 43 12	460 13	• •	$\begin{array}{c} 156 \\ 1,944 \\ 56 \\ 13 \\ 89 \end{array}$	32	3 13 1		8 45 5	
101. Diseases of the lymphs system— (1) Lymphangitis (2) Lymphadenitis (3) Bubo (non-specified)	190 814 192	301	257	261 1,372 197	1	1	3	<b>4</b> 5	
102. Abnormalities of bloressure— (1) High blood pressure (2) Low blood pressure 103. Other diseases of the circulate	265	111	••	$\begin{array}{c} 376 \\ 2 \end{array}$				6	
system— (1) Epistaxis (2) Others	125			220 77	• •	2		2	
VIII.—DISEASES OF THE RESEASES OF THE RESEASES.	SPI-								
104. Diseases of the nasal fossæ a its annexa—	and								
<ul><li>(1) Diseases of the nose</li><li>(2) Diseases of the access</li><li>nasal sinuses</li></ul>	30ry 1,379		622 561	2,599 1,858	22 20	9 5	1	33 29	
105. Diseases of the larynx— (1) Laryngismus stridulu (2) Laryngitis	1,456	586	410	2,452	37	19	24	80	
larynx	the 225	52	40	317	5	1	• •	6	
106. Bronchitis— (1) Acute	19,896 6,617			44,466 11,697		51 2		147 15	
(3) Not defined as acute chronic 107. Broncho-pneumonia 108. Lobar-pneumonia 109. Pneumonia (not otherw	$\begin{array}{c c} & 37,389 \\ & 245 \\ 319 \end{array}$	114	2,008	89,431 2,367 543		80	70 2	309 2 1	
defined)	317	113	256	686	• •	1	2	3	
(1) Empyema (2) Other pleurisy 111. Congestion and hæmorrha infarction of lung, etc.— (1) Hypostatic congestion		121		29 486	••	1	••	1	
lung	••	••	••	• •	• •	• •	••	• •	
(2) Massive collapse (3) Pulmonary embolism (4) Others	70	27	13	110	:: 1	• •	1	2	
Carried forward	360,523	194,006	216,626	771,155	1,939	951	532	3,422	

### OUT-PATIENTS—(cont.)

RETURN	of Dise	CASES FOR	THE Y	EAR IS	948—(co	nt.)			
	All Natio	New Canalitics (inclu	ses. iding Euro	peans).		New Cas Europeans			
Diseascs.	Adult Males.	Adult	Children under 10 years.	Total.	Adult Males.	Adult Females.	Children under 10 years.	Total.	
Brought forward	360,523	194,006	216,626	771,155	1,939	951	532	3,422	
VIII.—DISEASES OF THE RESPIRATORY SYSTEM—(cont.)			4.070	10.100	10	10		90	
112. Asthma	9,012 20	4,813	4,278	18,103 28	12		• •	29	
(1) Chronic interstitial pneumonia (including occupational diseases of the lung)	-	 2 29 65	   76 87	 4 9 196 353		   1	1	·· ·· 2 2	
IX.—DISEASES OF THE DIGESTIVE SYSTEM.									
115. Diseases of the buccal cavity, pharynx, etc.—  (1) Pyorrhœa	1,090 6,104 1,860 16 3,942 3,018	$\begin{bmatrix} 2,376 \\ 1,144 \\ 3 \\ 2,072 \end{bmatrix}$	108 2,797 2,928 5 3,058 1,705	1,729 11,277 5,932 24 9,072 6,205	5 34 10  88 36	1 9 2  42 24	5 25	6 47 17 155 74	
duodenum— (1) Ulcer of the stomach (2) Ulcer of the duodenum	551		• •	713 165	4 2	• •		4. 2	
118. Other diseases of the stomach— (1) Gastritis (2) Others	10,358 10,950		1,498 3,901	17,182 23,287	105 94	63 <b>5</b> 5		175 181	
119. Diarrhea and enteritis— (under 2 years)	••	• •	7,803	7,803	• •	• •	17		
(1) Colitis	116	4,014	$996 \\ 4,324 \\ 8$	3,809 16,304 171	48 127 10	14 67 6	39		
tion— (1) Hernia	220 7 6	• •	••	220 7 6	`4 ::	••	•••	.:	
intestines—  (1) Constipation, intestina  stasis	27,900		8,973 8	49,842 31	135	. 68	23		
(3) Others	9 000		1,043	6,081	14	11		31	
(1) Alcoholic (2) Not returned as alcoholic 125. Other diseases of the liver— (1) Acute yellow atrophy .	1			142 $18$	• •	• •			
(1) Acute yellow atrophy . (2) Toxic hepatitis (3) Amæbic abscess and hepatitis	74	16	9	99 404	1	• •	••		
(4) Others	495	206	102	803 7		• •	1	3	
(2) Without mention o cholecystitis	20	-	960 340	27		1,331	716	4,718	
Carried forward .	450,026	240,844	260,349	951,219	2,071	1,551	110	2,710	

#### OUT-PATIENTS—(cont.)

TETURN (	OF DISE		THE .	LEAR I	<del></del>	ont.)		
	All Natio	New Ca nalities (incl	ises. uding Eur	opeans).	,	New Cas Europeans		· ·
Diseases.	Adult Males.	Adult Females.	Children under 10 years.	Total.	Adult Males.	Adult Females.	Children under 10 years.	Total.
Brought forward	450,026	240,844	260,349	951,219	2,671	<b>1,</b> 331	716	4,718
IX.—DISEASES OF THE DIGESTIVE SYSTEM—(cont.)								
127. Other diseases of the gall bladder and ducts— (1) Cholecystitis without record of calculi	67			92	• •		• •	
(2) Others	145	50	 	221 	$egin{array}{c} 2 \ dots \ \end{array}$	::	• •	3
cause	6	1	••	7	• •	• •	• •	• •
X.—DISEASES OF THE GENITO- URINARY SYSTEM (NON-VENEREAL).								
130. Acute nephritis	191 306			412 473	• •	1	• •	1.
chronic)	1,042	542	245	1,829	3	• •	• •	3
and annexa— (1) Pyelitis	371 238		15 8	753 383	15	16	3	34
passages— (1) Calculi of the kidney and ureter (2) Calculi of the bladder (3) Calculi of unstated site	72 17 20	14	• •	86 17 20	1			1
135. Diseases of the Bladder— (1) Cystitis	901 295	661 116	96	$1,562 \\ 507$	17 19	17		34 33
136. Diseases of the urethra— (1) Stricture	237	7		244		•••		• •
(2) Others	1,020 12		$\cdots$ 27	$\begin{array}{c} 1,287 \\ 12 \end{array}$	16	• •	••	
(1) Epididymitis	151 389 115 274	••	34	151 389 115 308	1 1 	••	3	$\begin{array}{c} 1 \\ 1 \\ \end{array}$
organs— (1) Diseases of the ovary (2) Diseases of the fallopian		578	• •	578	• •	5	• •	5
tube (3) Diseases of the parame-	••	141	• •	141	• •	2	• •	2
trium : (4) Diseases of the uterus (5) Diseases of the breast	••	$\begin{array}{c} 51 \\ 2,976 \\ 495 \end{array}$	• •	$ \begin{array}{c} 51 \\ 2,976 \\ 495 \end{array} $	• •	52	••	52
(6) Other diseases of the female genital organs	• •	2,289	39	2,328	• •	33	2	35
XI.—Conditions arising in Preg- nancy, Childbirth and the Puerperal State.							47.4	
140. Post abortive sepsis— (1) Septic abortion 141. Abortion not returned as septic—		40	••	40	• •	••	••	••
(1) Hæmorrhage following abortion		114		114		5		5
(2) Abortion without record of hæmorrhage		577		577				
Carried forward	455,895	250,536	260,956	967,387	2,746	1,473	731	4,950

#### OUT-PATIENTS—(cont.)

RETURN		ASES FOI						
	All Natio	New Ca nalities (incl	ises. uding Eur	opeans).		New Ca Europeans		
Diseases.	Adult Males.	Adult Females.	Children under 10 years.	Total.	Adult Males.	Adult Females.	Children under 10 years.	Total.
Brought forward	455,895	250,536	260,956	967,387	2,746	1,473	731	4,950
XI.—Conditions arising in Preg- NANCY, CHILDBIRTH AND THE PUERPERAL STATE—(cont.)								
142. Ectopic gestation 143. Other accidents of pregnancy 144. Puerperal hæmorrhage—	••	14 1 <b>2</b> 0	• •	14 120	••	3	• •	3
(1) Placenta prævia (2) Other puerperal hæmorrhage	• •	2 29	••	2 29	••	••		••
145. Puerperal sepsis— (1) Puerperal septicæmia		5		5	• •			
(2) Puerperal sepsis, not including septicæmia  146. Puerperal albuminuria and		20		20	••	• •	• •	• •
convulsions— (1) Ante-partum eclampsia		$\frac{1}{2}$		2	• •			
(2) Intra-partum eclampsia (3) Post-partum eclampsia (4) Albuminuria of preg-		1	• •	1	••	• •		••
nancy	• •	136 53 44	• •	136 53 44	• •	1		1
147. Other Toxemias of preg- nancy— (1) Hyperemesis gravidarum		97		97				
(2) Others		473		473		6		6
embolism— (1) Puerperal phlegmasia (2) Puerperal embolism 149. Conditions associated with		••	• • •	••	• •	• •	• •	••
labour—  (1) Normal labour  (2) Abnormal labour		4,559		4,559 -28	• •	71	• •	71
(3) Labour complicated with intercurrent disease.		14		14				••
(4) Accidents of childbirth 150. Other or unspecified conditions of the puerperal state—	3	4	• •	4	• •	• •	••	• •
(1) Puerperal insanity (2) Puerperal disease of the	I .		• •		• •	••		• •
breast (3) Others	1	1,147	••	1,147	••	375		375
XII.—DISEASES OF THE SKIN AND CELLULAR TISSUES.								-
151. Carbuncle, boil	4,679	1,261	2,394	8,334	61	14	8	83
(1) Cellulitis (2) Acute abscess (3) Otherwise defined	1 6 6 4 9	2,079	2,579	11,300	70	20		32 95 37
153. Other diseases of the skin and its annexa—	1						8	116
(1) Ulcers	791	2,482	$\begin{bmatrix} 2,180 \\ 161 \end{bmatrix}$	10,658 1,182	79 7	39	$\begin{bmatrix} 7 \\ 2 \end{bmatrix}$	125 11
(4) Scabies	37,392							818
XIII.—DISEASES OF THE BONES AND ORGANS OF LOCOMOTION.	D							
154. Acute infective osteomyeliti and periostitis 155. Other diseases of the bones .	s . 35 . <b>29</b> 9					• •		1
Carried forward .	. 598,745		-{	1,232,042				6,771

## 

	All Natio	New Canalities (incl		ropeans).	,	New Cas Europeans		
Diseascs.	Adult Males.	Adult Females.	Children under 10 years.	Total.	Adult Males.	Adult Females.	Children under 10 years.	Total.
Brought forward  XIII.—DISEASES OF THE BONES AND ORGANS OF LOCOMOTION—(cont.)	598,745	305,715	327,582	1,232,042	3,640	2,257	874	6,771
156. Diseases of the joints and other organs of locomotion—  (1) Diseases of the joints (2) Diseases of the other organs of locomotion	2,855 4,649	1,3 <b>7</b> 2 1,996		4,401 6,956	<b>26</b> <b>3</b> 8	<b>6</b> 18		34 61
XIV.—CONGENITAL MALFORMATIONS.  157. Congenital malformations— (1) Congenital hydrocephalus	• •	· ·	••	••				
(3) Congenital malformation of the heart	5	2 4 18	$egin{array}{cccccccccccccccccccccccccccccccccccc$	1				
XV.—DISEASES OF EARLY INFANCY.  158. Congenital debility		••	239 2 1	239 2 1			.: .: = ::	••
infancy— (1) Atelectasis (2) Icterus neonatorum (3) Affections of the umbilicus (4) Pemphigus neonatorum (5) Others		•••	 6 158 9 142	158 o	••	·· ·· ··	1	 1 3
XVI.—CONDITIONS ASSOCIATED WITH OLD AGE.  162. (1) Senile dementia	25 2,005			39 3,637	1	4		5
XVII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.  163. Suicide, or attempted suicide, by poisoning (including corrosive poisoning)	• •	2	••	2	• •	••	••	
by hanging or strangulation  166. Suicide, or attempted suicide, by drowning  167. Suicide, or attempted suicide, by fircarms  168. Suicide, or attempted suicide, by cutting or piercing instruments	1 1	••		1 1		••	••	••
169. Suicide, or attempted suicide, by jumping from a height 170. Suicide, or attempted suicide, by crushing			••	$\begin{vmatrix} & & & & \\ & & & \\ & & & \\ \hline 1,247,736 & & & \\ \end{vmatrix}$		2,285	885	6,875

## OUT-PATIENTS—(cont.)

	All Natio	New Ca	ises. uding Eur	opeans).		New Cas Europeans		
Diseases.	Adult Males.	Adult Females.	Children under 10 years.	Total.	Adult Malcs.	Adult Females.	Children under 10 years	Total.
	,							à
Brought forward XVII.—Affections Produced by		310,755	328,680	1,247,736	3,705	2,285	885	6,875
EXTERNAL CAUSES—(cont.)								
171. Suicide, or attempted suicide, by other means	4	1	• •	5		••	• •	
173. Assault or homicide, by firearms 174. Assault or homicide, by cutting		3	•••	95	16	1		17
or piercing instruments 175. Assault or homicide, by other	1 409	139 473	28 43	647 1,924	5	••	• •	5
means venomous animals—	1,408					••	••	2
(1) Snake bite (2) Insect bite (3) Others	64 648 564	$egin{array}{c} 35 \ 210 \ 172 \ \end{array}$	229	1,087	23	12	 5	40 10
177. Food poisoning 178. Accidental absorption of irres-	35		8	54		1	••	1
pirable or poisonous gas 179. Other acute accidental poisoning	10	3	4	17	• •	• •		
180. Injuries due to conflagration 181. Accidental burns—	8		i	9	• •	• •		• •
(Conflagration excepted) (1) Burns by fire	1 000					2 4	2 3	17 10
(3) Burns by corrosive substances	49	12	15	76	1	••		1
(4) Dermatitis due to exposure to sun (5) Dermatitis due to expo	495	176	189	860	7	2		9
sure to other forms of radiation		• •			• •	• •		• •
tion 183. Accidental immersion or drown		••	•••	•••	• •	• •		••
ing 184. Accidental injury by firearms.		2	$\frac{2}{1}$	$\begin{bmatrix} & & 3 \\ & & 33 \end{bmatrix}$		• •	•••	1
185. Accidental injury by cutting of piercing instruments 186. Accidental injury by fall	$\parallel$ , $8{,}517$	1,748	2,542	12,807	52	4	8	64
crushing, etc.— (1) By fall (2) By machinery	505						66	357
(3) By machinery	772	149		1,082	36			1
(5) By other means 187. Cataclysm (tidal waves, cycl	15,419				190	38	19	247
ones, etc.)	t	••		••	••	••	••	••
animals)	1,108	398	484	1,990	6	]	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	9
190. Excessive cold	1 9			8			1 ::	••
192. Lightning	. 1	]		2 4	••		••	
194. Other unstated forms o violence— (1) Inattention at birth .								
(2) Others		21	40	100	1	1		2
accidental)	. 49	8	3 . 1	53			• •	
197. Execution of civilians by belligerent armies	•		••					1.
Carried forward .	655,187	321,96	343.120	0.01,320,268	3 4,291	2,42	996	7,712
Janua Jordan ,		1	0.10,120	1,020,20	1 -, -, -, -	1		1

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*	All Natio	· New Ca nalities (incl		copeans).	,			
Diseases.	Adult Males.	Adult Females.	Children under 10 years.	Total.	Adult Males.	Adult Females.	Children under 10 years.	Total.
${\it Brought\ forward\ }$	655,187	321,961	343,120	1,320,268	4,291	2,425	996	7,712
XVIII.—ILL-DEFINED CONDITIONS.								
199. Sudden death (cause unknown) 200. Causes of death unstated or ill-	••	••	• •	• •	• •	• •	• •	• •
defined 201. Diseases not included in this classification which have		••	• •	••	• •	••	••	• •
caused no deaths	10,545 17	6,434 <b>6</b>	4,808	21,787 23	70	46	20	136
condition 204. Cases admitted for observation	2		• •	2	• •	••	••	• •
(not mental) 205. Persons accompanying patients	••	••	• •	••	••	• •	• •	• •
Total	665,751	328,401	347,928	1,342,080	4,361	2,471	1,016	7,848

#### OUT-PATIENTS—(cont.)

. ,	NT 0 41 0 20	01:4:00	·		New Cases. All Nationalities (including Europeans).								
	Nationalities.				Adult Males.	Adult Females.	Children under 10 years.	Total. (A)					
_					4.001	0.471	1 016	7,848					
Europeans	• •	• •	• •	•	4,361	2,471	1,016						
Eurasians	• •	• •	• •	••	4,218	2,52 <b>5</b>	1,987	- 8,730					
Chinese	• •				221,356	128,399	142,135	492,390					
Indians					153,882	68,329	67,603	289,814					
Malays					261,485	120,458	129,157	511,100					
Javanese			• •		14,503	2,634	3,058	20,195					
Japanese					58	4	2	64					
Others					5,888	3,081	2,970	11,939					
			TOTAL	••	665,751	328,401	347,928	1,342,080					

Table 7.

#### TRAVELLING DISPENSARIES OUT-PATIENTS.

	All Nati	New (ionalities (in	Cases. cluding Euro	peans).
Diseases.	Adult Males.	Adult Females.	Children under 10 years.	Total.
ŧ				
I.—Infectious and Parasitic Diseases.				
1. Typhoid fever 2. Paratyphoid fever	• •	• •	• •	• •
3. Typhus— (1) Typhus exanthematicus				
(2) Tropical typhus	• •	• •	• •	• •
(3) Japanese river fever	• •	• •		
4. Relapsing fever	• •	• •		• •
5. Undulant fever 6. Small-pox		• •		• •
7. Measles	4	6	1	11
8. Scarlet fever 9. Whooping cough	6	4	141	151
10. Diphtheria.:	• •	• •	• •	• •
11. Influenza— (1) with pneumonia (2) with other respiratory com-	17	9	38	64
plications	622	371	1,073	2,066
(3) without respiratory complications 12. Cholera	5,388	2,353	3,419	11,160
13. Dysentery—		00	07	
(1) Amæbic (2) Bacillary	$\begin{array}{c c} & 61 \\ 26 \end{array}$	30	27 6	118 41
(3) Mixed	20	7	3	30
(4) Undefined or due to other causes 14. Plague—	1,136	729	810	2,675
(1) Bubonic				• •
(2) Pneumonic (3) Septicæcmic	• •			• •
(4) Undefined				• •
15. Erysipelas	• •	• • •	••	• •
(1) Acute poliomyelitis			1	
(2) Acute poliæncephalitis	• •	• •		• •
18. Cerebro-spinal fever				• •
19. Glanders	• •		••	
21. Rabies		1		• •
22. Tetanus— (1) Tetanus of the newly born				
(2) Other forms of tetanus				
23. Tuberculosis of the respiratory system 24. Tuberculosis of the central nervous		89	1	369
system 25. Tuberculosis of the intestines or		••		• •
peritoneum			••	• •
26. Tuberculosis of the vertebral column 27. Tuberculosis of other bones and joints				• •
28. Tuberculosis of the skin or subcutaneous				
tissue (lupus)			••	• •
excepted)				
30. Tuberculosis of the genito-urinary system 31. Tuberculosis of other organs—	• •			
(1) Adrenal		••	••	• •
(2) Other sites 32. Tuberculosis disseminated—		••		
(1) Acute		••		• •
(2) Chronic (3) Not distinguished as acute or		•		
chronic	• •	• •	••	• •
33. Leprosy	••	•	• •	
(1) Primary	52 185	1 55	• •	5; 24(
(2) Secondary	70	37	• •	11
(4) Hereditary	1.0	12	5	28
· ·			-	
Carried forward	7,891	3,712	5,525	17,128

Table 7—(cont.)

## TRAVELLING DISPENSARIES OUT-PATIENTS—(cont.)

Return of Diseases for the Year 1948—(cont.)

		All Nati	New ( ionalities (in	Cases. cluding Eur	opeans).
Diseases.		Adult Males.	Adult Females.	Children under 10 years.	Total.
Brought for	ward	7,891	3,712	, 5,525	17,128
.—Infectious and Parasitic Di	ISEASES-		•	1	
(cont.)					
35. Other venereal diseases— (1) Soft chance		32	••	• •	32
(2) Gonorrhæa and its com (3) Gonorrhæal ophthalmia	plications	314	60	• •	374
(4) Gonorrhæal arthritis (5) Granuloma venereum		503	126	• •	629
(6) Tropical bubo		13		• •	13
36. Purulent infective septicæmia— (1) Septicæmia	<del>-</del>	1			1
(2) Pyæmia (3) Gas gangrene		6	5	7	18
37. Yellow fever 38. Malaria—	••	• •	••	• •	• •
(1) Tertian (benign)		104	$\frac{28}{3}$	131 25	263 38
(2) Quartan (3) Aestivo-autumnal		$\begin{bmatrix} 7 \\ 244 \end{bmatrix}$	83	162	489
(Subtertian) (4) Mixed infections		426	147	82	658
(5) Unclassified		51,014 5,407	$24,527 \\ 2,525$	$24,973 \\ 2,988$	$\begin{array}{c} 100,514 \\ 10,920 \end{array}$
(7) Blackwater fever		•••	• •	•••	•••
39. Other diseases due to protozoa (1) Yaws (frambæsia)		12,150	8,863	20,499	41,51
(2) Spirochætosis morrhagica	icterohæ-				
(3) Leishmaniasis (dermal) (4) Kala azar	••	• •	••	••	••
(5) Other diseases	••	1,610	1,062	1,864	4,530
40. Ankylostomiasis	 ns—	1,010		1,704	4,550
Cestodes.					
(1) Tænia solium (2) Tænia saginata			••	• •	• •
(2) Tænia saginata (3) Other cestodes	• • • • •	47	14	41	10
Nematodes.					
(4) Filaria		45	19	19	8:
(5) Ascaris (6) Trichuris trichiura		4,328	3,283	28,605	36,21
(7) Oxyuris vermicularis (8) Dracunculus medincusis		146	133	186	46
Trematodes.					
(9) Schistosomum japonicu: (10) Clonorchis sinensis	m		i !	• •	• •
(11) Other helminths (12) Undefined		1,050	799	6,221	8,07
43. (1) Sprue (2) Actinomycosis		•••	1	•	
(3) Other mycotic infection	ns exclud-		•		••
ing purely dermal myo 44. Other infectious or parasitic d (1) Vaccinia including pos	iseases	••	••	• •	• •
encephalitis					
(2) Other sequelæ of vaccin (3) Rubella	nation		4	197	20'
(4) Varicella (chicken-pox) (5) Mumps and its complication		9	$\frac{3}{16}$	113 93	12 13
(6) Dengue	••	••			
(8) Myiasis	••		••		
(9) Glandular fever (10) Others	••	••	• •		
			l ———————		

# TRAVELLING DISPENSARIES OUT-PATIENTS—(cont.)

Return of Diseases for the Year 1948—(cont.)

	All Nati	New Ca onalities (inc	ases. cluding Euro	peans).
Diseases.	Adult Males.	Adult Females.	Children under 10 years.	Total.
Brought forward	85,375	45,413	91,731	222,519
II.—CANCER AND OTHER TUMOURS.	`			
<ul> <li>45. Cancer or other malignant diseases of the buccal cavity, and pharynx</li> <li>46. Cancer or other malignant tumours of the digestive organs and peritoneum—</li> </ul>	1			1
(1) Stomach	2	• •	• •	2
47. Cancer or other malignant tumours of the respiratory organs	••	••	••	• •
the uterus	• •	• •		• •
50. Cancer or other malignant tumours of the breast	• •	• •	• •	••
the male genito-urinary organs 52. Cancer or other malignant tumours of	1	••	••	
the skin		• •	•• •	
54. Tumours non-malignant—  (1) Of female genital organs  (2) Of other sites	• •		• •	• •
55. Tumours of undetermined nature— (1) Female genital organs	• •	• •	• •	• •
III.—RHEUMATISM, DISEASES OF NUTRITION AND OF ENDOCRINE GLANDS AND OTHER GENERAL DISEASES.				
56. Rheumatic fever— (1) With cardiac involvement	••	• •		• •
(2) Without cardiac involvement 57. Chronic rheumatism and osteoarthritis	4,601 	2,589	86	7,276
<ul> <li>59. Diabetes (not including diabetes insipidus)</li> <li>60. Scurvy (including Barlow's disease)</li> </ul>	3	• •		
61. (1) Beri-beri including e pidemic dropsy	1,177	873	79	2,129
gnancy or labour 62. Pellagra	• •	150	113	150  118
64. Osteomalacia 65. Diseases of the pituitary gland 66. Diseases of the thyroid and parathyroid glands—	••	• •	• •	• •
(1) Simple goitre	• •	1	• •	
(5) Other diseases of the thyroid glands	••			
68. Diseases of the adrenal glands (excluding tuberculosis)		••		
69. Other general diseases— (1) Acidosis	354	362	1,007	1,723
Carried forward	91,514	49,387	93,016	233,917

# TRAVELLING DISPENSARIES OUT-PATIENTS—(cont.)

	All Nati	New Conalities (inc	cluding Euro	peans).
Diseases.	Adult Males.	Adult Females.	Children under 10 years.	Total.
Brought forward	91,514	49,387	93,016	233,917
IV.—DISEASES OF THE BLOOD AND BLOOD FORMING ORGANS.				
70. Hæmorrhagic conditions— (1) Purpura	••	••	• •	• •
71. Anæmia and chlorosis— (1) Pernicious anæmia (2) Splenic anæmia	••	::		• •
(3) Chlorosis	5,942 2,660	6,450 2,539	3,833 1,777	16,225 6,97 <b>6</b>
72. Leukæmia— (1) Leukæmia	••	• •	••	• •
73. Diseases of the spleen— (1) Banti's disease (2) Others (not including diseases of		• •	• •	• •
the spleen due to malaria or leukæmia)	••	••	• •	••
forming organs	••	••	••	• •
V.—CHRONIC POISONING.  75. Alcoholism (acute or chronic)	• •		• •	• •
76. Chronic poisoning by other organic substances— (1) Opium				
(2) Morphia, cocaine (3) Others	••	=	••	• •
substances— (1) Lead poisoning			4	29
VI.—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.				
78. Encephalitis (not including encephalitis lethargica)—				
<ul> <li>(1) Cerebral abscess</li> <li>(2) Other forms of encephalitis</li> <li>79. Meningitis (not including tuberculous meningitis or cerebro-spinal menin-</li> </ul>	••	• •	• •	••
gitis)	13	:: 7	• •	20
(1) Cerebral hæmorrhage	• •	••	• •	• •
(4) Hemiplegia, cause not determined (5) Other paralysis	13 4	7 2	••	20
84. Other forms of insanity— (1) Dementia præcox (2) Others	••			
85. Epilepsy	4	1	3	5 3
87. Other diseases of the nervous system— (1) Chorea	17,830	10,689	2,391	30,910
(3) Paralysis agitans	17,530	10,009		275
(6) Hysteria	2,253	1,540	1,630	- 5,423
Carried forward	120,395	70,760	102,654	293,809

# TRAVELLING DISPENSARIES OUT-PATIENTS--(cont.)

			All Natio	New Conalities (inc	áses. cluding Euro	peans).
Diseases.	ı		Adult Males.	Adult Females.	Children under 10 years.	Total.
Broug.	ht forward	• •	120,395	70,760	102,654	293,809
VI.—DISEASES OF THE NERV AND SENSE ORGANS—	ous System (cont.)	ſ				
88. Diseases of the eye—  (1) Conjunctivitis . (2) Trachoma (3) Corneal ulcer . (4) Other diseases of the ear and of the e	ne eye		5,211 1 13 524	3,710 6 9 486	6,053 4 2 263	14,974 11 24 1,273
sinus— (1) Otitis externa . (2) Otitis media . (3) Mastoiditis .			369 361 5 599	230 247 2 338	831 1,114 9 2,082	1,430 1,722 16 3,019
VII.—DISEASES OF THE CI	IRCULATORY					
90. Pericarditis 91. Acute endocarditis— (1) Malignant			• •			• •
(2) Others 92. Chronic endocarditis: val (1) Aortic valve diseas (2) Mitral valve diseas	e e		••	••	··· ··	• •
(3) Aortic and mitral (4) Others 93. Diseases of the myocardit (1) Acute myocarditis			••	••		• •
(2) Chronic myocardia 94. Diseases of the coronary a (1) Angina pectoris (2) Coronary thrombos (3) Coronary sclerosis.	arteries—	::	• •	• •		••
95. Other diseases of the hear (1) Auricular fibrillation (2) Heart block	rt—		5		5	
96. Aneurysm—  (1) Aneurysm of aorta  (2) Aneurysm of other  97. Arterio-sclerosis		• •	• •	• •	• •	• •
98. Gangrene	erics		.: .: 3		• •	3
(3) Phlebitis (4) Thrombosis (5) Others	•		24			34  
(2) Lymphadenitis . (3) Bubo (non-specifie	d)		·· 22 16	6 2	13 2	 41 20
102. Abnormalities of blood processur (2) Low blood pressur 103. Other diseases of the circu (1) Epistaxis	re e	m-	2	• •	18	∷ 20
(2) Others  VIIIDISEASES OF THE I	RESPIRATORY		6	2	7	15
SYSTEM.  104. Diseases of the nasal annexa—	fossæ and	its				
(1) Diseases of the nos (2) Diseases of the a sinuses		sal	35 421	15 188	179	77 788
Carr	ied forward		128,012	76,012	113,263	317,287

## TRAVELLING DISPENSARIES OUT-PATIENTS—(cont.)

	All Nati	New ( ionalities (inc	Cases. eluding Euro	peans).
Diseases.	Adult Males.	Adult Females.	Children uuder 10 years.	Total.
. Brought forward	128,012	76,012	113,263	317,287
VIII.—DISEASES OF THE RESPIRATORY SYSTEM—(cont.)				
105. Diseases of the larynx—				
(1) Laryngismus stridulus	68	26	$\begin{bmatrix} & \ddots & \\ & 34 \\ 2 & \end{bmatrix}$	$^{\circ}$ 128
.06. Bronchitis— (1) Acute	3,880	2,227	3,487	9,594 4,987
(2) Chronic (3) Not defined as acute or chronic	$ \begin{array}{c} 2,370 \\ 14,639 \\ 33 \end{array} $	$\begin{array}{ c c c }\hline 1,466\\ 7,760\\ 10\\ \end{array}$	$egin{array}{c c} 1,151 \\ 14,893 \\ 89 \\ \end{array}$	37,292 132
108. Lobar-pneumonia	15 13	4 1	7	26 28
109. Pheumonia (not otherwise defined) 110. Pleurisy— (1) Empyema	. 1		1.4	1
(2) Other plcurisy	10	2	• •	12
(1) Hypostatic congestion of lung (2) Massive eollapse	• •		• •	
(3) Pulmonary embolism	••		• •	••
112. Asthma	1,743	962	1,015	3,720
114. Other diseases of the respiratory system—	• •	••	••	
(1) Chronic interstitial pneumonia (including occupational diseases				
of the lung)				••
(3) Abseess of the lung (4) Bronehicctasis			••	•••
(5) Others	284	143	34	461
IX.—DISEASES OF THE DIGESTIVE SYSTEM.				
115. Discases of the buecal cavity, pharynx,				
ete.— (1) Pyorrhœa	195	119	31	348
(2) Dental earies	$1,281 \\ 158$	687 159	1,515 601	3,483 918
(4) Ludwig's angina (5) Diseases of the tonsils	123	70	$\begin{vmatrix} 1\\194\end{vmatrix}$	387 387
(6) Others	262	119	221	602
117. Ulcer of the stomach or duodenum— (1) Uleer of the stomach	7	1		8
(2) Ulcer of the duodenum	$\dot{2}$	1		:
(1) Gastritis	$3,348 \\ 3,684$	2,173 2,674	$\begin{bmatrix} 849 \\ 3,312 \end{bmatrix}$	6,370 9,670
119. Diarrhœa and enteritis— (under 2 years)	9,001	2,011	1,300	1,300
120. Diarrhœa and enteritis— (2 years and over)	••		1,000	-,
(1) Colitis (2) Otherwise defined	676 $1,321$	210 705	$\begin{vmatrix} 292 \\ 1,139 \end{vmatrix}$	1,178 $3,168$
121. Appendicitis	1			3,223
(1) Hernia (2) Strangulated hernia	6		2	8
(3) Intestinal obstruction (including intussuseeption)				
123. Other diseases of the intestincs—	15,191	7,499	5.579	28,269
(2) Diverticulitis	493	332	643	1,468
124. Cirrhosis of liver—	###	002	040	1,400
(non-syphilitic) (1) Alcoholic				
(2) Not returned as aleoholie	2	100.969	140.000	
Carried forward	177,823	103,363	149,668	430,85

# TRAVELLING DISPENSARIES OUT-PATIENTS—(cont.)

	All Nat	New of interior in the interio	Cases. cluding Euro	opeans).
Diseases.	Adult Males.	Adult Females.	Children under 10 years.	Total.
Brought forward	177,823	103,363	149,668	430,854
IX.—DISEASES OF THE DIGESTIVE SYSTEM— (cont.)				
125. Other diseases of the liver—  (1) Acute yellow atrophy (2) Toxie hepatitis	1 3	• •	• •	1 3
(3) Amœbic abscess and hepatitis (4) Others 126. Biliary calculi—	1 5	2 3	$\begin{bmatrix} 1 \\ 2 \end{bmatrix}$	10
(1) With eholecystitis (2) Without mention of cholecystitis 127. Other diseases of the gall bladder and ducts—	• •	• •	• •	• •
(1) Cholecystitis without record of ealculi	6	6	17	••• 00
128. Diseases of the pancreas (excluding diabetes mellitus)	••		17	29
129. Peritonitis, without stated cause	• • )	• •	••	• •
X.—DISEASES OF THE GENITO-URINARY SYSTEM (NON-VENEREAL).	477	10		0.77
130. Acute nephritis	47 24 145	18 8 75	2 2 47	67 34 267
annexa— (1) Pyelitis	21 25	10 26	• •	31 51
134. Calculi of the urinary passages— (1) Calculi of the kidney and ureter (2) Calculi of the bladder	••	1	• •	1
(3) Calculi of unstated site	 18 4	4 5	• •	 22 9
136. Diseases of the urethra— (1) Stricture	2 49	27	1	2 7 <b>7</b>
137. Diseases of the prostate	2			2
(2) Orehitis	9	••	$\begin{bmatrix} & \ddots & & \\ & & \ddots & \\ & & 7 \end{bmatrix}$	22  16
139. Diseases of the female genital organs— (1) Diseases of the ovary (2) Diseases of the fellowing tube		••		•
(2) Diseases of the fanopian tube (3) Diseases of the parametrium (4) Diseases of the uterus (5) Diseases of the breast	• •	 13 11		13
(6) Other diseases of the female genital organs		95		95
XI.—Conditions arising in Pregnancy,				
CHILDBIRTH AND THE PUERPRRAL STATE.  140. Post abortive sepsis—				
(1) Septic abortion	• •			
(2) Abortion without record of hæ- morrhage		10		10
143. Other accidents of pregnancy 144. Puerperal hæmorrhage—		8		8
(2) Other puerperal hæmorrhage	179 904	102 625	149.750	431,639
Carried forward	178,204	103,685	149,750	401,009

# TRAVELLING DISPENSARIES OUT-PATIENTS—(cont.)

	New Cases. All Nationalities (including Europeans).				
Diseases.	Adult Males.	Adult Females.	Children under 10 years.	Total.	
Brought forward	178,204	103,685	149,750	431,639	
XI.—Conditions arising in Pregnancy, Childbirth and the Puerperal State— (cont.)			,		
45. Puerperal sepsis—					
(1) Puerperal septicæmia (2) Puerperal sepsis, not including	• •	1	• •	1	
septicæmia	••	• •	••	••	
sions— (1) Ante-partum eclampsia					
(2) Intra-partum eclampsia	• •	• • • • • • • • • • • • • • • • • • • •	• •	• •	
(4) Albuminuria of pregnancy (5) Pyelitis of pregnancy	• •		• •	••	
(6) Otherwise defined	• •	2	••	2	
(1) Hyperemesis gravidarum (2) Others	• •	24	• •	24	
48. Puerperal phlegmasia, embolism— (1) Puerperal phlegmasia	• •				
(2) Puerperal embolism	••	• •	••	• •	
(1) Normal labour (2) Abnormal labour	• •	113	• •	113	
(3) Labour complicated with inter- current disease					
(4) Accidents of childbirth 150. Other or unspecified conditions of the purperal State—			••	••	
<ul> <li>(1) Puerperal insanity</li> <li>(2) Puerperal disease of the breast</li> <li>(3) Others</li> <li></li> </ul>	• • •	1	• •	  1	
XII.—DISEASES OF THE SKIN AND CELLULAR TISSUES.					
151. Carbuncle, boil	553	197	722	1,472	
152. Cellulitis, acute abscess— (1) Cellulitis	191	81	64	336	
(2) Acute abscess (3) Otherwise defined 153. Other diseases of the skin and its	498 211	227 101	$\begin{array}{c c} 302 \\ 132 \end{array}$	1,0 <b>27</b> 444	
annexa— (1) Ulcers	29,837	13,425	26,443	69,705	
(2) Dermal mycoses (3) Herpes	$\begin{array}{c} 3,267 \\ 34 \end{array}$	1,427	$\begin{bmatrix} 2,939 \\ 5 \end{bmatrix}$	7,633 51	
(4) Scabics (5) Others	28,438 8,586	11,471 3,960	36,024 7,779	75,933 20,325	
XIII.—DISEASES OF THE BONES AND ORGANS OF LOCOMOTION.					
154. Acute infective osteomyelitis and					
periostitis	56	32	22	110	
156. Diseases of the joints and other organs of locomotion—	× #10	200	0.5	000	
(1) Diseases of the joints (2) Diseases of the other organs of	578	290	65	933	
locomotion	689	348	34	1,071	
XIV.—CONGENITAL MALFORMATIONS.					
157. Congenital malformations— (1) Congenital hydrocephalus					
(2) Spina bifida and meningocele (3) Congenital malformation of the	••			• •	
heart	• •			••	
Carried forward	251,142	135,397	224,281	610,820	

# TRAVELLING DISPENSARIES OUT-PATIENTS—(cont.) RETURN OF DISEASES FOR THE YEAR 1948—(cont.)

TORIUM OF DISEASES FOR		)				
D:	New Cases. All Nationalities (including Europeans).					
Diseases.	Adult Males.	Adult Females.	Children under 10 years.	Total.		
Brought forward	251,142	135,397	224,281	610,820		
XIV.—Congenital Malformations—(cont.)						
157. Congenital malformations—(cont.)						
(4) Monstrosities (5) Congenital hypertrophic pyloric	• •	••	••	* *		
stenosis	• •			• •		
(7) Imperforate anus	4	• •	20	24		
XV.—DISEASES OF EARLY INFANCY.						
158. Congenital debility	• •	• •	1	1		
160. Injury at birth 161. Other diseases peculiar to early infancy—		• •	• •	••		
(1) Atelectasis	• •		• •			
(3) Affections of the umbilious	• •	• •	1	1		
(4) Pemphigus neonatorum	• •	• •	$\frac{1}{2}$	2		
XVI.—CONDITIONS ASSOCIATED WITH			_	4		
OLD AGE.  162. (1) Senile dementia	1,073	761	• •	1,834		
XVII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
163. Suicide, or attempted suicide, by poisoning (including corrosive poisoning)						
164. Suicide, or attempted suicide, by gas poisoning	••	• •	••	• •		
165. Suicide, or attempted suicide, by hanging	• •	• •	••	• •		
or strangulation	• •	• •	• •	• •		
drowning		• •	• •	••		
168. Suicide, or attempted suicide, by cutting or piercing instruments				• •		
169. Suicide, or attempted suicide, by jumping from a height	••	• •		• •		
170. Suicide, or attempted suicide, by	• •	••	••	• •		
crushing	• •	• •	• •	• •		
means		• •	• •	• •		
173. Assault or homicide, by firearms 174. Assault or homicide, by cutting or pierc-		• •	• •	• •		
ing instruments  175. Assault or homicide, by other means	75	37	157	269		
176. Attacks by venomous animals—	2	2	••	4		
(1) Snake bite	1 45	$\begin{vmatrix} 1\\31 \end{vmatrix}$	$\begin{vmatrix} 1\\39 \end{vmatrix}$	$\begin{array}{c} 3\\115\end{array}$		
(3) Others 177. Food poisoning 178. Accidental absorption of irrespirable or	27	13	. 18	58		
poisonous gas	• •	• •	•••	• •		
180. Injuries due to conflagration 181. Accidental burns— (Conflagration excepted)	1	••	66	67		
(1) Burns by fire	149	62	174	385		
(3) Burns by corrosive substances (4) Dermatitis due to exposure to sun (5) Dermatitis due to exposure to	$\begin{bmatrix} 106 \\ 2 \\ 296 \end{bmatrix}$	$\begin{bmatrix} 113 \\ 122 \end{bmatrix}$	195 3 261	414 5 679		
other forms of radiation	• •	• •	• •	• •		
Carried forward	252,923	136,539	225,219	614,681		

## TABLE 7—(cont.)

# TRAVELLING DISPENSARIES OUT-PATIENTS—(cont.)

	New Cases. All Nationalities (including Europeans).					
Diseases.	Adult Males.	Adult Females.	Children under 10 years.	Total.		
Brought forward	252,923	136,539	225,219	614,681		
XVII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES—(conf.)						
182. Accidental mechanical suffocation						
183. Accidental immersion or drowning 184. Accidental injury by firearms	3	2	1	6		
185. Accidental injury by cutting or piercing		2 11 11	000	0.404		
instruments	1,798	677	989	3,4 <b>64</b>		
(1) By fall	2,750	908	1,731	5,389		
(2) By machinery	$\begin{array}{c} 12 \\ 19 \end{array}$	3	5	$\begin{array}{c} 20 \\ 20 \end{array}$		
(4) By railway vehicles						
(5) By other means	2,301	793	1,113	4,207		
187. Cataclysm— (tidal waves, cyclones, etc.)				• •		
188. Injury by animals	11	3	4	18		
(except poisoning by venomous animals) 189. Hunger or thirst						
190. Excessive cold				• •		
191. Excessive heat	• •	••	•• '	• •		
192. Lightning		•••		•••		
194. Other unstated forms of violence—						
(1) Inattention at birth (2) Others				• •		
195. Violence of an unstated nature	••	• •	· · ·	• •		
(i.e., suicidal, homicidal, or accidental) 196. Wounds of war	,					
197. Execution of civilians by belligerent						
armies		• •		1:		
196. MACCHION						
XVIII.—ILL-DEFINED CONDITIONS.						
199. Sudden death (cause unknown)				••		
200. Cause of death unstated or ill-defined 201. Diseases not included in this classification	•••	••	••	• •		
which have caused no deaths	1,990	1,357	1,777	5,124		
202. Malingering		•••	••	••		
203. Cases admitted to hospital for observa tion as to mental condition		1				
204. Cases admitted for observation	••	••	••	••		
(not mental) 205. Persons accompanying patients						
en i 3	0.01 0.07	140,283	230,839	632,929		
Total .	201,007	140,200	200,000	002,020		

# TRAVELLING DISPENSARIES OUT-PATIENTS—(cont.)

Return of Diseases for the Year 1948—(cont.)

						New Cases. All Nationalities (including Europeans).			
	Nati	es.		•	Adult Males.	Adult Females.	Children under 10 years.	Total.	
			1						
Europeans	• •				• •	11	4	45	60
Eurasians	• •	• •				96	68	56	. 220
Chinese	• •	• •				66,867	38,878	57,267	163,012
Indians	• •	• •		• •		26,017	13,407	16,077	55,501
Malays	• •	• •		••		156,593	80,832	148,016	385,441
Javanese		• •				7,115	3,563	5,513	16,191
Japanese	• •	• •				• •			
Others	• •	• •	• •	• •	• •	5,108	3,531	3,865	12,504
				TOTAL	• •	261,807	140,283	230,839	632,929

TABLE 8.

DENTAL—SUMMARY OF WORK DONE.

FOR THE YEAR 1948.

		EXTRA	ctions.				
State or Settlement.	Atten- dance.	Temporary teeth.		Fillings.	Scalings.	Dentures.	
Kedah Penang & Province Wellesley Perak Selangor Negri Sembilan Malacca Johore Kelantan Trengganu Pahang Total	7,586 12,808 19,871 16,458 11,567 6,738 16,146 3,585 3,929 12,477 111,165	722 2,477 2,581 5,588 4,048 1,520 2,975 830 1,005 4,584 26,330	3,210 5,963 6,544 7,324 5,598 4,227 6,594 2,035 3,202 3,695 	1,704 1,941 5,737 5,159 3,986 2,190 8,722 2,232 1,969 6,773 40,413	278  1,265 1,416 320 764 233 731 298 141 683	17 114	

TABLE 9.

MICROSCOPICAL EXAMINATION OF BLOOD FILMS
FOR THE YEAR 1948.

patients examined.	]				Total number of	
	S.T.	В.Т.	Quartan. Mixed infection.		tions of blood films.	
11,989 5,764 20,866 48,532 18,878 20,148 10,032 22,228 10,513 3,264 23,141	1,452 224 1,057 2,367 323 754 355 464 653 120 1,659	853 233 845 1,204 504 423 117 602 482 221 988	41 75 16 36 30 58 13 40 15 24 62	25 5 34 51 44 18  225 20 24 33	13,400 6,479 22,300 73,601 35,700 22,795 11,032 23,482 11,542 3,264 38,615 262,210	
	5,764 20,866 48,532 18,878 20,148 10,032 22,228 10,513 3,264	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	5,764     224     233       20,866     1,057     845       48,532     2,367     1,204       18,878     323     504       20,148     754     423       10,032     355     117       22,228     464     602       10,513     653     482       3,264     120     221       23,141     1,659     988	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	

Table 10.

MICROSCOPICAL EXAMINATION OF FAECES FOR WORM INFESTATIONS FOR THE YEAR 1948.

	Number of	Number positive for	NUMBER	Total		
State or Settlement.	patients examined.	entamoeba histo- lytica.	Ascaris lumbri- coides.	Ankylo- stoma duodenale.	Mixed infection.	number of examinations.
Talah	0.505	4 50	0.100	1 000	000	
Kedah		178	3,183	1,986	830	9,725
Perlis Penang & Provinc		14	1,357	111	106	2,448
Wolloglary	15 709	367	4,882	4,837	1,176	99.050
Dorole	99,000	369	8,853	$\begin{bmatrix} 2,673 \\ 2,673 \end{bmatrix}$	1,170 $1,273$	$\begin{vmatrix} 22,058\\46,064 \end{vmatrix}$
Salangor	17/109	125	5,830	1,564	824	28,796
Negri Sembilan .	10 005	77	4,069	1,384	356	21,582
Malacca	0.564	37	1,563	2,503	1,949	10,564
Johore	01 100°	224	6,923	3,860	2,732	26,279
Kelantan	0.006	213	1,809	365	2,396	9,306
Trengganu	1 671	120	291	60	402	1,671
Pahang	14,404	79	3,310	619	881	19,077
Total .	. 151,973	1,803	42,070	19,962	12,925	197,570

Table 11.

# POST MORTEM EXAMINATIONS, 1948.

State or	Settlemen	t.			M	ledico-lega	ı1.	Clinical.
Kedah	• • •	• • •	• • •	• • •	• • •	166	• • •	3
Perlis	•••		• • •	• • •		30		9
Penang and	Provi	nce -W	ellesley		• • •	195	• • •	<b>4</b> 0
Perak	•••	•••	• • •	• • •	• • •	572	• •	68
Selangor	•••	•••	• • •			383	• • •	16
Negri Semb	oilan		• • •	• • •		158		33
Malacca	•••		• • •	• • •		92	• •	12
Johore	•••	•••	• • •	• • •	• • •	515	• • •	98
Kelantan	· · ·	•••	• • •		• • •	50	• • •	3
Trengganu	• • •	• • •	• • •	• • •		22	• • •	6
Pahang	• • •	•••		• • •		146	• • •	15
	,			Total		2,329	• • •	303
			•					

## TABLE 12.

ESTABLISHMENT—MEDICAL DEPARTMENT,	1948.
Director, Medical Services	1
Deputy Director, Medical Services	1
Director, Institute for Medical Research	1
Administrative Officers:	
Grade "A"—	
(State Surgeon, Kedah; Chief Medical Officer, Penang; Principal Medical Officer, Johore; State Medical and Health Officers, Perak— Selangor—Negri Sembilan—and Pahang)	7
Grade "B"—	
(Deputy State Medical and Health Officers, Perak and Selangor, Chief Medical Officer, Malacca and Kelantan, Senior Health Officer, Penang, Deputy State Surgeon, Kedah, and Deputy Principal Medical Officer, Johore)	7
Specialist Officers—Grade "B"	
Physician, Johore.  ,, Penang. Surgeon, Johore. ,, Penang. ,, Penang. ,, Selangor.	
,, Negri Sembilan.	

1	dministrative Officers—	
	Chief Dental Officer.	
	Ophthalmologist.	
	Venereal Disease Specialist.	
	Radiologist.	
	Child Health Specialist.	
	Tuberculosis Specialist.	
	Medical Superintendent, Central Mental Hospital.	-
	Medical Superintendent, Leper Settlement.	
	Senior Bacteriologist, Institute for Medical Research.	
	Chief Chemist, Institute for Medical Research.	
	Senior Malaria Research Officer.	
	Senior Pathologist, Institute for Medical Research.	
	Pathologist, Penang.	
	Senior Nutrition Officer.	
	Medical Officers including Health Officers (Malayan Establishment)	83
	Medical Officers (Locally-recruited)	166
	Dental Surgeons (Malayan Establishment)	4
	,, (Locally-recruited)	27
	Biochemists	.2
	Entomologists	2
	Pharmaceutical Chemists	3
	Principal Matron	1
	Matrons, Grade I	7
	,, ,, II	11
	Health Sisters, Sister Tutors, Almoners, Dietitians, Radiographers, Physiotherapists, etc.	36
	Nursing Sisters	81

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